

**UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD**

In the Matter of)	
)	
1621 ROUTE 22 WEST OPERATING)	
COMPANY, LLC D/B/A SOMERSET)	
VALLEY REHABILITATION AND)	
NURSING CENTER)	
)	Case No. 22-CA-29599
Respondent)	22-CA-29628
)	22-CA-29868
and)	
)	
1199 SEIU UNITED HEALTHCARE)	
WORKERS EAST, NEW JERSEY)	
REGION)	
)	
Charging Party)	

**RESPONDENT'S MOTION FOR PERMISSION TO FILE DISTRICT COURT'S
MEMORANDUM OPINION AND ORDER AND TRANSCRIPT AND EXHIBITS OF
SUPPLEMENTAL HEARING IN RELATED 10(J) PROCEEDING**

PART 2 OF 3

7199SEIU

United Healthcare Workers East

Facility Somerset Valley Nursing
Center of Excellence

Date July 8th, 2016 Time _____

Name

Phone

1. Regard Hooper 908-698-7720
2. Fetsy Barmacklio 908-240-5049
3. AVIAN JACO 908-205-5003
4. Bessie Riser 908, 561-5952
5. Bethanne Bittanov 908 928-0060
6. J. Maria Jacque (908) 285-8061 (753-8512)
7. _____
8. _____
9. _____
10. _____



1199SEIU

United Healthcare Workers East

Date: July 20, 2010

Name	Phone	Dept/Shift
1. <u>Norman Kopelberg</u>	<u>908 757 2445</u>	<u>NSG 311x</u>
2. <u>S Sharon Smith</u>	<u>732-752-0704</u>	<u>NSG</u>
3. <u>Ruth Beck</u>		
4. <u>Sheena Claudio</u>	<u>732-470-5355</u>	<u>NSG 7-3pm</u>
5. <u>Wachoslaw Liszkowski</u>	<u>908 806 7636</u>	<u>NSG 3-11p</u>
6. <u>Jill K Jac fur</u>	<u>908 285 8061</u>	<u>NSG 3-11</u>
7. <u>Quinn TARGO</u>	<u>908-205-5003</u>	<u>NSG 3-11</u>
8. <u>Michelle Maloney</u>	<u>908 922-0060</u>	
9. <u>Paul Hooper</u>		
10. <u>Bessing P. Lee</u>	<u>908 561-5952</u>	<u>NSG 7-3 (m)</u>
11. <u>Jennifer Miller</u>	<u>908-251-2519</u>	<u>A11 24hrs</u>
12. <u>Patricia Gerhardt</u>	<u>908-205 1656</u>	<u>LVA 7-3 (p)</u>
13. <u>Kathy Bernhardt</u>	<u>908-240-5249</u>	<u>Rec. (A)</u>
14. <u>Alone Wells</u>	<u>908-753-3902</u>	<u>NSG-7-3 (m)</u>
15. <u>Cassie Lopez</u>	<u>932 648 3556</u>	<u>NSG 11-1 (p)</u>

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United Healthcare Workers East

Susan Chillemi's home

7/29/10

Name

Phone

Dept/Shift

1. Sue Chillemi

132-469-2810

Dietary

2. Maoria LaRae

908-2229-1530

~~NSG~~ HPE

3. Sherris Charlotte

732-470-5355

NSG

1.30 4. Jill Johnson

908-753-8712

NSG

5. Paul Hooper

908-753-3710

NSG

6. Segrenia Paulina

732-785-0614

NSG 1107

Secant Time Possie Rice

908-561-5957

NSG-73

8. Avian Jarbo

908-205-5003

9. _____

10. Elise Wilk

908-576-8349

NSG

11. Maria A Grandis

908-208-1656

Nrs

12. Frank B. Cantello

(908) 499-5754

13. Grace Lopez

732-~~555~~601-0072

14. Hester Bonner

908-963-8669

NSG

15. Kraig Demers

(570) 484-6495

Secretary HR/Gen

1799SEIU

United Healthcare Workers East

July 20, 2010

Name

Phone

Dept/Shift

1. <u>Elaine Siles</u>	<u>(906) 576-5844</u>	<u>Nsg 7-3 (24hrs)</u>
2. <u>Melba Nove</u>	<u>(908) 933-6479</u>	<u>7:30p-7-3</u>
3. <u>Sheryl Swamy</u>	<u>732-271-5714</u>	<u>Nsg 7-3</u>
4. <u>Maria (Cherry)</u>	<u>848 708-3496</u>	<u>Nsg</u>
5. <u>Maria Lopez</u>	<u>908 2291530</u>	<u>Nsg</u>
6. <u>Lynette Tyler</u>	<u>732-356-2195</u>	<u>Nursing 7-3</u>
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
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11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____

1995EIU

United Healthcare Workers East

7/24/10

Name

Phone

Dept/Shift

8:30

1.	Eric Carps	908-405 1764	Dietary
2.	Bob Bennett	913 201-5349	Brickton
3.	Michelle Bennett	913 201-1112	PHN 7-3
4.	Wanda Dillman	913 201-1118	Housekeeping
5.	Josephine Collins	932-619-3879	ann/Unit Sec 8/4
6.	Erin O'Connell		
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

1199SEIU

United Healthcare Workers East

11/20/2023

Name	Phone	Dept/Shift
1. Pearl Hooper	908-753-3710	
2. Grace Davis	918 705 8496	2-3
3. Sharon Smith	908 754 2440	3-11
4. Sherma Charles	732-670-5355	4-3 LNU
5. Jerry Santos	732 702-8071	3-11
6. Amy Gladys	732 318 9739	11-7 Am
7. Jyllia Jackson	918 285-8061	3-11
8. Karline Silve	908 1298-0836	3-11
9. AMY JARD	908-205-5003	
10. Michae Moore	908.922.6479	11-7
11. Berninadine	908 246-5249	8-4 30
12. JERRI WATSON	732-300-3085	8-8-10
13. YANORRE WARD	908-397-1646	7-3
14. Genesive Daniels		
15. Maria Lopez	908 229 1530	

1799SEIU

United Healthcare Workers East
Care One Ronald Branch

Aug. 19, 2010

Name

Phone

Dept/Shift

- | | | |
|----------------------------|----------------|-----------|
| 1. JAMMY LAYMON | 702-500-2083 | |
| 2. Stephen Smith | 708-242-445 | 3/4 |
| 3. David Hecker | 905-753-3114 | 4-3 |
| 4. AGU AMANDA Gilanis | 132-318-9739 | 11-7 |
| 5. ALIYAH SHARBO | 708-205-5003 | |
| 6. Kellie Silvano | 708, 201-8343 | |
| 7. Trace Lopez | (138) 235-1310 | 10-7 |
| 8. Sergio Padilla | 732 805-0614 | 11-7 |
| 9. Sylvia Torres | 708/205-2249 | 4-3 |
| 10. Good medical specialty | 905-531-6106 | 4-3 |
| 11. Tracey Thomas | 848-208-6920 | 4-3 |
| 12. Isabel Castaneda | (908) 409-5781 | 6-2:30 PM |
| 13. Frank | (908) 905-1656 | 11-7 |
| 14. Rosey/Thomas | | |
| 15. Alana | 781-908-1427 | |

Aug. 19, 2010

Sagarid Paulino
201 Cedar st
Smiths BOUND BROOK
NJ 08880

hynette Tyler
1725 King Avt
Green Brook 08812

1199SEIU

United Healthcare Workers East

8/26/2010

Name	Phone	Dept/Shift
1. <u>Sherrin Claudio</u>	<u>732-470-5355</u>	<u>REG-7-3</u>
2. <u>HESTER CONNOR</u>	<u>908/963 8669</u>	<u>Phy Rg</u>
3. <u>Sagrario Palmo</u>	<u>(732) 805-6611</u>	<u>USG</u>
4. <u>William Jac Pal</u>	<u>(908) 985-5261</u>	
5. <u>Alan JARBO</u>	<u>908-905-5003</u>	<u>R) Sg.</u>
6. <u>MURRAY D POTEMO</u>	<u>708-300-3623</u>	<u>1755</u>
7. <u>ELIZABETH HILL</u>	<u>908/963 8669</u>	
8. <u>SPRING LAYERS</u>	<u>908 235-1777</u>	<u>US 4-12-6</u>
9. _____	_____	_____
10. _____	_____	_____
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12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____

199SEIU

United Healthcare Workers East

9/1/2010

The Office - Diner

Name	Phone	Dept/Shift
1. Pearl Hooper		7-3
2. John Gilliam	908-753-5512	3-11
3. Nicola Albanan	641-588-2416	7-3
4. Aman JARU	903-305-8003	
5. Kerline Silvanio	903-721-8143	3-11
6. Grace Lopez	908-235-1300	11-7
7. Rossell R. A.	908-561-5959	7-3
8. Snopcester	908-300-5108	
9. Mireia Garrido	908-205-1656	7-3
10. Steph Colman	908-763-0609	3-11
11. Silvana Saldana	903-220-2532	7-3
12. Smaragd	702-735-1488	7-3
13. CHRIS Drey	908-48-3906	
14. Christina K	908-533-4702	7-3
15. Maria Cisneros	908-224-1553	

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United Healthcare Workers East

The Office - Dinner - 9/11/2010

Name	Phone	Dept/Shift
1. <u>Patsy Bernadino</u>	<u>908-240-5649</u>	<u>Day</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____

UAW 199SEIU

United Healthcare Workers East

Meeting: Care Line Round Panel

Sign in sheet Date: Sept. 16, 2010

Name (Print)	Phone	Facility
<u>CELESTINE</u>	<u>903-220-2332</u>	<u>WILSON</u>
<u>AVIAN JARRIS</u>	<u>902-205-5003</u>	
<u>William Tracy</u>	<u>(908) 885-8061</u>	<u>SILVER</u>
<u>Maria A Ganda</u>	<u>(908) 205-1656</u>	<u>UWH</u>
<u>Wanda</u>	<u>908 (908) 229 1530</u>	<u>HPK</u>
<u>Sagrario Pajuna</u>	<u>(930) 805-0614</u>	
<u>NOVIA ANTONIO</u>	<u>1108 3971</u>	<u>STAFFING</u>
<u>Yvonne</u>	<u>930 619 3829</u>	<u>UWU Clerk</u>

Charles G. Bostwick
Anna Jones

7199SEIU

United Healthcare Workers East

Sept. 23, 2010 - Care One Perennial Brook

Name	Phone	Dept/Shift
1. <u>Danielle Stubbles</u>	<u>1-908-753 1937</u>	<u>Nursing</u>
2. <u>Florain Jarbo</u>	<u>908-205-5003</u>	<u>Nursing</u>
3. <u>Shannon Mappleton</u>	<u>730-200-2683</u>	<u>NSS</u>
4. <u>Villette Jalgues</u>	<u>908 713-8512</u>	<u>NSS</u>
5. <u>Small PG</u>	<u>732 619-3879</u>	
6. <u>Grace Lopez</u>	<u>732 626-1164</u>	<u>11-7</u>
7. <u>Kerline Siskine</u>	<u>908, 721-8543</u>	<u>3-11</u>
8. <u>Carla Wells</u>	<u>908-397-1666</u>	<u>6:30-3:30 Staff/Perennial</u>
9. <u>Jose Lopez</u>	<u>1905) 2003332</u>	<u>Nsgy N-3</u>
10. <u>Silvana Freedre</u>	<u>908 28924-35</u>	<u>NSSC</u>
11. <u>Sagrario Paulina</u>	<u>(732) 805-0614</u>	<u>11th Street</u>
12. <u>Maria Lopez</u>	<u>908) 2291530</u>	
13. <u>Patricia Rios</u>	<u>908) 561-5952</u>	<u>7 AM-3 PM</u>
14. <u>Fatsy Benimadua</u>	<u>909-279-6209</u>	<u>8-430</u>
15. _____	_____	_____

11/5/10 Sign In Sheet

Bessie K. ... 10th bid- 59953.

Jerry Santos ... 102-5071

Alvin Jabebo 908-205-5003

William Jacobus ... 855-3061

Sharon Nepolitan ... 733-300-3623

Shera Chano

Eliase Tilus

Peter Meyer

212-228-7654



"I'm voting yes for better healthcare!"
— Avila Jacob, CNA



"I'm voting yes for better staffing, respect and benefits."
— Green Lopez, CNA



"We need more CNA's so that we don't always get short-staffed. That's why I'm voting yes."
— Jimena Sampedro Agu, CNA



"I'm voting yes for educational opportunities."
— Maria Barrios, Homekeeping



"My life will improve with the union because we'll get more respect."
— Arlene Stubbs, CNA



"I'm voting yes for better health insurance and job security."
— Shannon Neapolitano, LPN



"I'm voting yes for 1199 because I know that we're stronger together."
— Erid J. Fischer, Joice, CNA



"We need a union so that we have job security and support."
— Paul Hooper, CNA



"With a better management I feel I can spend more time with my patients. That's why I'm voting yes."
— Yvonneletta Urdanivia, LPN



"We need a union so that we can provide better care to our residents and have less stress for ourselves and our families."
— Heidi A. Garcia, CNA



"Having a union will give me peace of mind and I know I will always have my hours so that I can pay for my schooling and pay back my loans."
— Courtney Jacobs, Receptionist



"When we unite together in our union, we'll be able to speak out for better care for our patients and more respect and better benefits for ourselves."
— Elisha Jiles, CNA



"With the union we'll be able to address our needs and better understand."
— Corolita Jiles, CNA Secretary



"I'm voting yes for better benefits and better staffing."
— Keshia Rice, Receptionist



"We have the many patients to provide them with the care they need. That's why I'm voting yes."
— Michelle Bloom, Aideing



"With the union, we'll have the support we need."
— Gladys Baranov, CNA



"I'm voting yes so that we can have a better patient/nurse ratio and better working conditions."
— Allan Jacques, LPN



"We'll have better health insurance in the union and be more secure in our jobs."
— Sagrario Paulino, CNA



"With the union we'll build together and work together to provide better care."
— Ederis Nery, CNA



"With the union we'll have a way to solve problems in our workplace."
— Joseph Barriault, CNA



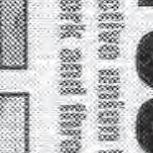
"Having a union means that we have someone to stand up for us."
— Cheryl Duroso, LPN



"I'm voting yes to provide resident care and have less stress on the job."
— Ferny Mora, Disney



"I'm voting yes for 1199."
— Miguel Roque



"I've been employed here for more than 17 years. I have to care for many patients. To care, I'm voting yes for better staffing."
— Jovenita Santos, LPN



"I'm voting yes for better pay and better job security."
— Sharon Smith, LPN



"With better staffing, we can provide better care."
— Joseph Barriault, CNA



"Having the union will improve my life and the lives of my family."
— Ronnie Shaw, CNA



"With the union we'll have a way to solve problems in our workplace."
— Rosalinda Alvarado, Receptionist



"With the union we'll build together and work together to provide better care."
— Ederis Nery, CNA



"With the union we'll have a way to solve problems in our workplace."
— Ederis Nery, CNA



"With the union we'll have a way to solve problems in our workplace."
— Ederis Nery, CNA



"With the union we'll have a way to solve problems in our workplace."
— Ederis Nery, CNA



"With the union we'll have a way to solve problems in our workplace."
— Ederis Nery, CNA

We're Voting Yes for 1199SEIU!

The strongest, most effective union for nursing home workers in upstate New York and throughout the country

Vamos a Votar sí por 1199SEIU!

"Vor a votar sí por la unión para recibir más respeto para mí y para todos. También, quiero que aumenten el salario y nos den más horas de trabajo."
— Abena Lopez, Housekeeping



"Yo quiero la unión 1199 para un mejor plan médico, para que no los vote del trabajo injustamente y para que nos respeten todos los días."
— Guadalupe Rodriguez, CNA



For our families, for our residents, for our community, for each other

1199SEIU
United Healthcare Workers East

For nurses families, for nursing residents, for nursing community, for each and for residents



"I'm voting yes for paid vacation and sick time."
— Valerie Wells, CMA



"I'm voting yes for more job security and less stress."
— Patricia M. Beck, LPK

"We would like to have a union so that we have better staffing to care for our residents."
— Noeline May, CMA

"The union will be good for our facility. We'll have less stress and better staffing."
— King M. Dennis, Dietary

"I'm voting yes for better job security and peace of mind and to feel appreciated for the work I do."
— Victor Forika, CMA



"The union will make me feel more secure."
— Sheena Claudio, LPN



"Having a union is like having a family that sticks together. Just knowing that someone is there to fight for what is right makes all the difference!"
— Susan Chillemi, Dietary Aide



"I'm voting yes for better working conditions."
— Elizabeth Rivera, Housekeeping



"We'll be able to stand up for our rights when we form our union."
— Adlene Derra, CMA

"I'm voting yes for fairness in our workplace."
— Anissa Sampson, NSG

"I'm voting yes for more respect."
— Doreen Dando, LPN

"I'm voting yes for better job security."
— Tony Barnabino, Recreation

"I'm voting yes so that I know my job is safe and secure."
— Marianne Wangou, LPN

"I'm voting yes for more job security and less stress."
— Patricia M. Beck, LPK

"We would like to have a union so that we have better staffing to care for our residents."
— Noeline May, CMA

"The union will be good for our facility. We'll have less stress and better staffing."
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"I'm voting yes for better job security and peace of mind and to feel appreciated for the work I do."
— Victor Forika, CMA

"The union will make me feel more secure."
— Sheena Claudio, LPN

"Having a union is like having a family that sticks together. Just knowing that someone is there to fight for what is right makes all the difference!"
— Susan Chillemi, Dietary Aide

"I'm voting yes for better working conditions."
— Elizabeth Rivera, Housekeeping

Our Opportunity to Vote Yes is Here!

Muestra oportunidad de votar Sí está aquí!

Thursday,
September 2nd

Jueves,
2 de Septiembre

5:45AM - 6:45AM • 2:00PM - 4:00PM

Somerset Conference Room
1621 Route 22 West, Bound Brook, NJ 08805

For more information, call Brian Walsh at (732) 646-1657
See other Dan Walshes speak out on YouTube: <http://www.youtube.com/watch?v=wt1wv1k5u0I>

Para más información, llame Brian Walsh al (732) 646-1657

"Voy a votar sí por 1199!"
— Hester Gonzalez, Maintenance

"Having the union will relieve a lot of stress and give us the opportunity to stand up for our residents."
— Claudine Hunter, Dietary

We're Voting
YES!

1199SEIU
United Healthcare Workers East

Somerset Workers Unioning for a Better Future
New Jersey Region
555 Route One South
Iselin, NJ 08830



At Somerset We're Voting
Yes for 1199SEIU!
En Somerset Vamos
a Votar Sí por 1199



WE WON!

We now have a voice at Somerset
to improve our jobs, advocate for our residents and build a better future for our families!



Our Voice Has Been Heard

Ballots have been counted in our union election and we won by a strong majority. We're now united with the 350,000 members of 1199SEIU.

Important Next Steps

Now we need to form a committee to sit down with management and start negotiating for improvements that will be guaranteed in a union contract. A contract guarantees all our improvements in writing. It doesn't matter how you voted, now is the time to get involved in our union. The more workers that participate, the more we can win!

See our coworkers speak out at YouTube.com/CareOneWorkersUnited

For more information, contact Brian Walsh at (732) 646-1657

For our residents, for our families, for each other

1199SEIU
UnitedHealthcare Workers East

Petitioner

¡Ganamos! Walsh

¡Ya tenemos una voz en Somerset
para mejorar nuestros trabajos, apoyar a nuestros residentes
y crear un futuro mejor para nuestras familias!



¡Nuestra Voz Ha Sido Escuchado!

Las boletas de votación han sido contados en nuestra elección sindical y ganamos por una mayoría muy fuerte. Ya estamos unidos con los demás 350.000 miembros de 1199SEIU.

Próximos Pasos Importantes

Ahora necesitamos formar un comité para sentarnos con la gerencia y empezar a negociar para las mejoras que serán garantizados en un contrato sindical. Un contrato sindical nos garantiza todas las mejoras por escrita. No importa como usted votó, ahora es el tiempo para participar con la unión. ¡La mas participemos la mas ganemos!

Ve nuestros compañeros de la campaña en [YouTube.com/CareOneWorkersUnited](https://www.youtube.com/CareOneWorkersUnited)

Para mas información, ponse en contacto con Brian Walsh al (732) 646-1657

Para nuestros residentes, para nuestras familias para cada uno de nosotros

1199SEIU
United Healthcare Workers East

Somerset Nursing Home Workers Make Your Voice Heard

Fill out this survey so we can determine our priorities for job improvements in contract negotiations. All of us need to attend negotiations—the more we're involved in our union, the more improvements we can make.

Trabajadores de Somerset Haga Que su Opinión Cuente!

Llene esta encuesta para que podamos determinar nuestras prioridades para mejoras en las negociaciones del contrato sindical. Todos necesitamos asistir a las negociaciones—mientras más involucrados estamos en la unión, más mejoras ganaremos.

Name/Nombre _____

Job Title/Título de trabajo _____

Unit/Dep./Unidad/Departamento/Horario _____

Home Phone/Teléfono de casa _____

Cell Phone/Teléfono celular _____

Home Email/Correo Electrónico _____

Full time/Tiempo completo

Part time/Tiempo medio

1 Rank the items 1 through 6 in order of importance to you, 1 being the most important and 6 being the least important. Make any comments in the space provided. Clasifique los siguientes asuntos 1 por 6 en orden de importancia. 1 sea el más importante y 6 el menos importante. Haga comentarios en el espacio dado.

- _____ Wages/Sueldo _____
- _____ Pension/Retirement/Inscripción/Retiro _____
- _____ Affordable Healthcare/Cobertura de salud a bajo costo _____
- _____ Dental and vision benefits/Beneficios para salud y visión _____
- _____ Vacation and sick time or PTO/Días de vacaciones, días de enfermedad o PTO _____
- _____ Training and education opportunities/Oportunidades de capacitación _____

2 Mark your 3 other highest concerns / Marque otros 3 asuntos preocupantes

- _____ Staffing
- _____ Mandatory overtime
- _____ Quality of care
- _____ Respect from management
- _____ Unfair discipline
- _____ Unfair distribution of work
- _____ Working out of job classification

3 I understand that the more I get involved, the more improvements we will win. I will: Yo entiendo que mientras más yo participo, más mejoras ganaremos. Y haré lo siguiente:

- _____ Sign a petition / Firmar una petición
- _____ Come to a Rally / Ir a una reunión
- _____ Go to contract bargaining / Ir a negociaciones por el contrato
- _____ Respect from management / Respeto de la gerencia
- _____ Make phone calls from home / Hacer llamadas de casa
- _____ Wear a union button / Usar un botón de la unión
- _____ Keep my co-workers informed / Mantener informados a mis compañeros

Return this survey to your union organizer / Devuelva esta encuesta a su organizador

For More Information Contact / Para Más Información llame a
Brian Walsh (732) 646-1657



1199SEIU
United Healthcare Workers East

Petition

PLAINTIFF'S
EXHIBIT 10/21
CASE CALL 2107644
EXHIBIT NO. A 5

Somerset Workers United Update on Our Victory

We're Moving Forward for a Better Future

We won our union election

and are ready to move forward and work with management to improve working conditions and resident care here at Somerset. But management is refusing to accept the results of our union election. They have tried to bully and intimidate us, have unfairly fired and disciplined our co-workers and have filed groundless objections to our victory.

We've gone to the National Labor Relations Board to seek justice for our fired co-workers. If the Board rules in our favor, our co-workers will return to their jobs and Somerset will have to pay for all of their lost time.

We've also filed charges with the Board about management's illegal retaliation against workers for their union support.

Speak out

If you feel like your rights have been violated or you think that management is breaking the law, contact Isabelita Sombillo at (732) 646-1659, who can put you in touch with our attorneys.

Know Your Rights.
It is illegal for management to threaten us, interrogate us about our union support, or treat us differently in any way for supporting our union. It is our legally protected right to speak out publicly and build support for our union. We can talk about our union at work the same way we can talk to our co-workers about other non-work issues.

For Our Residents, For Our Families, For Each Other

1199SEIU
United Healthcare Workers East

Petitioner

Somerset Trabajadores Unidos

Puesta al día sobre nuestra victoria

Estamos Avanzando para un Futuro Mejor

Ya ganamos nuestra elección sindical

Y estamos dispuestos a seguir adelante y trabajar con la gerencia para mejorar las condiciones del trabajo y del cuidado de los residentes aquí, en Somerset. Pero la gerencia se niega a aceptar los resultados de nuestra elección sindical. Han tratado de intimidar y amenazar a algunos de nosotros, han despedido y disciplinado injustamente nuestros compañeros de trabajo y han presentado objeciones sin base a nuestra victoria.

Hemos ido a la Junta Nacional de Relaciones Laborales para buscar justicia para nuestros compañeros despedidos del trabajo. Si las la Junta decide a nuestro favor, nuestros compañeros de trabajo volverán a sus puestos de trabajo y Somerset tendrá que pagar por todo su tiempo perdido.

También hemos presentado una denuncia ante la junta acerca de las represalias ilegales de la administración contra los trabajadores por su apoyo a la unión.

Habla

Si usted siente que sus derechos han sido violados o si usted piensa que la administración esta violando la ley, llame a Isabella Sombillo al (732) 646-1659, quien puede ponerle en contacto con nuestros abogados.

Conozca sus derechos.

Es ilegal para la gerencia amenazararnos, preguntarnos acerca de nuestro apoyo a la unión, o tratararnos de manera diferente en modo alguno por apoyar a nuestra unión. Es nuestro derecho legalmente protegido hablar en público y conseguir apoyo para nuestra unión. Podemos hablar de nuestra unión en el trabajo de la misma manera que podemos hablar con nuestros compañeros de trabajo acerca de temas no relacionados al trabajo.

*Para nuestros residentes, para nuestras familias,
para cada uno de nosotros*

1199SEIU
United Healthcare Workers East

Our Community Supports Care One Workers

We, the undersigned, call upon Somerset Valley Rehabilitation & Nursing Center and its parent company, Care One, to be a responsible member of our community and ensure residents receive the highest quality care. Somerset Valley/Care One should stop wasting resources on fighting their own caregivers, reinstate all caregivers who were fired for supporting their union, cease violating Federal labor law and treat workers with the dignity and respect they deserve.

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Name	Address	Best Phone	Email
Roberta Krugne	Local 32		
Lemuel Adams	OPREIU		
Carla Blandino			
Engeli Lopez			
Geoffrey Bobb			
Kelley Moore			
Paesha Fatenluney			
Ayona Jefferson			
Kathleen Harding			
Paul J. [unclear]			
Chill Nelson			
[unclear]			
Yvonne Saullina			
Kaleen Semelant			
Lisa Moore			

See Care One workers speak out at [YouTube.com/CareOneWorkerUnited](https://www.youtube.com/CareOneWorkerUnited)

1199SEIU
United Healthcare Workers East

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Name	Address	Best Phone	Email
Jadiera	262 Fairwell Street	Somerville	
Patricia Houston	322 Johnson Street	408 392-4212	
Martha Lopez	76 North Plainfield		
Petra Maldonado	14 South Bound Brook		
Anita Castro	844 Union Ave	903-7219	
James De Leon	326 Hillsborough NJ	08809	
Linda Jones	929 Woodbridge	N Jersey 973-463-2394	
Abbeeta Torres	616 Middlesex	N Jersey	
Madeline Herrera	516 Bailey Ave		
Norma Castro	423 Dominicus Ct	Montgomery PA	
Edwin Quinones	848 High Street		
Stephanie Ruiz	969 Bridgewater	N Jersey	
Eckie Fall	4767 Main Street	(732) 626-1949	
Yvette Strothers	3 South Bound Brook		
naomi Herrera	222 BRIDGEWATER		naomi H @ . Com

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1199SEIU
United Healthcare Workers East

U-000003

Our Community Supports Care One Workers

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Name	Address	Best Phone	Email
Joel Rodriguez	201 John PLACE North Plainfield		
William Calderon	884 Union Avenue		
Rosaria Cruz	313 main Street Somerville N Jersey		
Shamira Jackson	919 Talmage New Jersey		
Bonnie Sanchez	114 Bridgewater Ave New Jersey		
Evan or Berkowitz	(732) 629 1494		
Ciara Ryley	824 Main Street Somerville		
Carmen Tirado	14 Manilla New Jersey		
Oiga Vasquez	3239 Maple Avenue		
Micheline ALEXANDRA	96 West ORANGE N Jersey		
Jonathan Casanova	3642 Bridge Water		
Terry Jones	864 Main Street Somerville (908) 469-2989		
Bruce Steinfield	777 Middlesex New Jersey		

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1199SEIU
United Healthcare Workers East

U-000004

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Name	Address	Best Phone	Email
Lysette Papiua	733 Taylor Ave	132 468-2312	
Nichellie Alexandra	631 Jackson Avenue		
Beatrice Jenkins	414 Park Avenue Plainfield		
Marie Paula	314 Martinsville New Jersey	(908) 422-3216	
Ernest Jenkins	(132) 771-8212		
Bobby Womack	582 Manott St	132 829-4649	
Elliott Steiner	849 Allinville Park Plaza		
BARBARA Williams	234 Jackson Hghts	(973) 227-8241	
Tara Johnson	419 Somerset St		
Myna Saverdra	92 Main Street Manville N Jersey		
Oscar De Leon	908-367-4174		
Billy Nunes	661 Bridgewater N Jersey		
Tito Rojas	88 Canal Rd	908-281-4282	
Jessica Lataway	314 South main Street	(973) 392-1464	
Theresa Lopez	689 Jilson Street		

See Care One workers speak out at [YouTube.com/CareOneWorkerUnited](https://www.youtube.com/CareOneWorkerUnited)

1199SEIU
United Healthcare Workers East
U-000005

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Name	Address	Best Phone	Email
Belinda Falcone	782 Linden Blvd.		
Nelly TORRES	616 Jenkley Pl	(732) 762 6828	
Barbucella Munez	818 Main Street	Somerville New Jersey	
Emily Perez	268 Broad St		
Pateyria Dowedra	3265 Buona Street	Bronx NY 10478	
Tosha Sanchez	44 Thompson	Bound Brook NJ	
Brian Suarez	16 Woodbridge	New Jersey	
JESSICA Valasquez	885 Fairfield ST		
Linda Reyes	118 Nanville	New Jersey	
Denny Paulus	182 Street	Newark (973) 212-4644	
Marie Diaz	239 Somerville,	(908) 729-9242	
Joyce MELROSE	1727 BROAD ST		
BILL COATS	535 Maple Avenue	(908) 231-8123	
Evelyn Casanova	73 South Bound Brook	NJ 08805	
Leonardo Falcone	551 Rehill Ave		

See Care One workers speak out at [YouTube.com/CareOneWorkerUnited](https://www.youtube.com/CareOneWorkerUnited)

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United Healthcare Workers

U-000006

Alonzo H. Harris PFD NJ 1381 George St 408 436-8112
Gus Hubell Pisectway, NJ 415 Carlton Ave 080754
732-968-8714
Clayton L. Duck Jr. PFD NJ smoothituck@yahoo.com
Thomas Logan 1365 St. Nicholas Blvd Pfd, NJ t_log3@yahoo.com
Royce Spence 5 Netherwood Ave Pfd, NJ royce_spence@hotmail.com
EUGENE JOHNSON 9 TERRILL RD PFD NJ
Mare Hobson 129 Hillcrest Ave Pfd. N.J.
GREGORY G JOHNSON 1 PO Box 531, PFD, NJ
George King Sr. 5 NEWHALL CT. WILMINGTON, N.J. 08046
Soleiman Samson 406 Dermott St 473 433-7774
ALAN R WATKINS 1225 EST FRONT ST AFONJ. 908-251-8563

Our Community Supports Care One Workers

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Name	Address	Best Phone	Email
DERVAL HALL	PIED, NJ 7th 477 St	313-646-9691	—
BARRY BAKER	50 WETTERWOOD AV P/P	908-561-7913	—
C. Thompson	1422 German Alfd NJ	—	—
— Fran Comenc	1356 East 3rd St P/O 711	908-561-8329	—
Ju Juan P Jones	—	908-751-4347	—
Alexander Mally	311 Roosevelt Ave Piscataway	736-463-8461	—
AL S ROBINSON	10 CINDY CT N 5 07080 S. Plainfield	908 2218269	—
James Clark	1501 E. 11th Street	908 279 2685	—
ALVIN C. JOHNSON	130 CARLISE TERR P/CD	908 329647	—
HAWAIIAN STEEL	46 RAINY	908 561 6077	—
Rose, Louis	1214 E 7th ST	908 531 9572	—
Penny Rose	1000 Coast West	908 755-0863	—
Sydney Smith	27 Harrison Ave	908-397-0650	—
Kerry Rose	1020 W 4th St	908 361-7868	—

See Care One workers speak out at [YouTube.com/CareOneWorkerUnited](https://www.youtube.com/CareOneWorkerUnited)

1199SEIU
United Healthcare Workers East

Our Communities Sure Wants Care One Workers

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Name	Best Phone	Email
Kunene Knight	Rochester 32 1/2 St	
ARIELLE MURPHY RSU 12 (SIPOTE)		
Stepha Jackson	Rochester 32 1/2 St	
Michelle Rivera		
Lynette Simon		
Nancy Jackson		
Jannaka Reese		
Leatrice Harris		
Lance Krenkneckt		
Nadine Davis		
Gregory W. [unclear]		
Stacy Cecere Timmon		

See Care One workers speak out at www.WorkerVoice.com/CareOneWorkerUnited

1199SEIU
United Healthcare Workers East

Our Community Supports Care One Workers

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Name	Address	Best Phone	Email
Joseph Lopez	180 Clinton St	(937) 437-057	
C-RC Workers	823 Millisno	408-347-2131	
Mick D...	...	(202) 222-2202	
Lee M. Chanola	...	201-600-8461	
David...	151 Franklin St	(732) 522-9820	
Ava Covert	533 W 3rd St	908-408-9274	
Mae Diaz	129 E. Row St	732-343-0453	
Lucia Calderin	661 Exsse	708-361-2330	
Carlos Lopez	432 Pleasant	908-614-...	
Lidya Vega	1176 Blairfield N.J	732-422-5093	
M. S. ...	9927697911		

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Name	Address	Best Phone	Email
John Walsh	200 Lewis Street	732 6461657	Brainwants@gmail.com
Linwin Adams	122 15 6THS	908 6684471	20219 ATLAS
NEEZ PORTER	15 MADISON AVE		
Maria L Arriaga	746 St. Mary's Ave.	908 255 8906	
Chris Vetter	Homeless	908 646 7652	
Trishie Bizz	66 North Ave		
Shionda Brown	10 NORTH AVE	908 646 7731	
Charlene McCusker	710 W. 4th Street	908 444/5160	Charlene.McCusker@nj.com
Jacob Lopez	511 Madison		
William Rowley	227 GRANT AVE PLAINFIELD NJ 07060	908 403 7402	
Bobby Appino	225 North Ave	908 403 7402	
Jim Miga	1178 North Ave	908 403 7402	
Luca Miano	107 East 2nd St	732 585 1252	
Pedro Perez	556 W. 4th St	908 361 3924	

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1199SEIU
United Healthcare Workers East

U-000011

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Name	Address	Best Phone	Email
Juzette Yelo	99 South Bound		
YVETTE Strothers	52 South Bound Blvd		
Terry Strother	52 South Bound		
Angela Tirado	155 Terrell Rd	(732) 893 2746	
Etian Tirado	201 Vosseller		
Jasmine Rodriguez	49 Maple Avenue		
Sharon Casanova	144 Vosseller	732 762 0907	
MARIA Velouch	101 Teaneck NJ	732 399 4294	
Jesús Lopez	35 Mountain Ave	732 393 2746	
Jenny Herlett	25 Mountain Ave	(732) 762-9211	
TERRANCE Strothers	3 South Bound		
Jadira Santiago	422 Manville NJ	08805	
ALBA NYDIA	205 Dominicus	908 322-4199	
Elizabeth Amores	205	908 342-5749	
ANGE TIRADO	5 Mountain Ave	Big Angel Yahoo, Com	

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United Healthcare Workers East

U-000012

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Name	Address	Best Phone	Email
Deborah Rogers	134 Grand Central pkwy	(732) 237-0514	
Jouany R. P. W. H. G. B. A. L. O. W. C. T.	Isabella Street	732-4585838	
Isabella Street	107 London St	973-706-2344	
Alvin A. W. H. G. B. A. L. O. W. C. T.	572 Hillwood Ave	973-244-4638	
Kristina W. H. G. B. A. L. O. W. C. T.	2005 Hillwood Ave	973-325-0654	
Frankie Hernandez	63 Hill St	973-936-7944	
Kevin	17 Dodd Terr	973-609-1931	
Kevin	17 Dodd Terr	973-202-9252	
D. Solano	325 Grafton Ave - NOK	973-640-4016	
Rory Korzwick	103 Brookdale gardens	201-655-5898	
Agnes Daniel	monclair		

See Care One workers speak out at [YouTube.com/CareOneWorkerUnited](https://www.youtube.com/CareOneWorkerUnited)

1199SEIU
United Healthcare Workers East

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Name	Address	Best Phone	Email
Lisa [unclear]	Wondelare		
Kellia Suroat	6 Elm St. Mtz NJ 07092	862-202-6013	
Phyllis Smeath	62 Montague Pl.	405-255-4187	
CAROL BAILEY	NACA Mountain Ave	(862) 202-9612	
Ria [unclear]	[unclear]	874 283 9316	
Jacques [unclear]	11111111 St.	973-752-5576	110057202@jale.com
Denaya Murray	611 Wood Ave	862-279-4702	
Yvonne Johnson	34 Girard Ave ESTORADO	862 763-0885	
Kirk FAMES	322 South 51th Newark		
Terese BROWN	3 Easton P. CO	873-7903	
Emman Subobum	Blainfield		
John Kim	Ridgefield	201-925-6533	
Bryan St. Le	Port Reading	919-901-9500	
Johanna Soliva	733 Broad Street	(973) 242-5645	
Diana CURK	Bermuda	441-2588000	

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Name	Address	Best Phone	Email
Mohammed Dian Shi	229 Broad St P.O. Box 919 E. Orange NJ	973 286-7771 973-444-8425	
D. Joseph	240 Clifton Ave	973-919-2099	
J. Gadsden	10 Nassau Pl E Orange	973 380 4815	
L. Williams	227 E. 1st St	973 482-5058	
N. Anderson	14 Trent Terrace	973 631-6368	
B. Williams	180 Rock Island Ave	973 537-2762	
M. Velez	5 Satter Pl	973 855 1480	
G. Worthen	1621 So. Wood NJ	908-862-4122	
Eileen L...	335 Woodside Ave NJ	973 4854710	
Hilda...	335 Woodside Ave NJ	973 4854710	
Cindy...	335 Woodside Ave NJ	973 4854710	
Lee...	276 Hylan Pl NJ	(87)30241702	
AMAR	603 Broad St	973-565-9735	
Jerson	679 Broad	973-643-7660	

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Name	Address	Best Phone	Email
Dennis Whillfeld	831 CENTRAL AVE Plainfield NJ Apt 20		
Debra Fransaw	1272 Park Ave Pfc 07060		
Eudice Gilbert	704 Shunda Ave Pfc		
Hale	429 Backman St Pfc		hale@comcast.net
Thomas Eagle	1272 Park Ave Plainfield, NJ		
Miles Scott Sr.	1837 S WOOD AVE LYNDEN NJ 07036		comcast.net mscott287@
Smith Alexander	714 W. Kisselway		Smith.Alexander@state.nj.us
Josie Jenkins	722 Kensington Ave		
Stu	1116 PUTNAM AVE PFC	908-239-1234	Stu@...
MALTZOFF	246 Route 18	732 238 3340	
Gregory S. Crew	13419 E. 2nd ST APO		greg354@verizon.net
AGRESTA STEW	117 CRESENT AVE PFC	908-405 8090	
Bial ANNA	1200 WATKINS AVE	908-8759059	
Sharon Clark	1677 Prospect Ave		

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United Healthcare Workers East
U-000017

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Name	Address	Best Phone	Email
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Patricia Liddie	Alden NJ		Topal44@verizon.net
Kajesh Kaur	So. Plainfield NJ		Kaurk@comcast.com
Laura Ballew	So. Plainfield NJ		
Glenn Simmons	Plainfield NJ		glennsimmons@comcast.net
Danae Hyatt		N/A	
Gregory Patel	Essex NJ	1177 NJ	
Judith Richards	518 W. 8th St. Plainfield NJ		MS.judyrichards@yah
Shamuel Glover	712 Hillside Ave. Plainfield NJ		AntonSal@ymail.com
Jasmine Stanton			mgjady@net1.com
Mary Glover	712 Hillside Ave. Plainfield NJ	N/A	
Mauro Ortega			
Tia Smith	316 Franklin Pl., Plainfield, NJ	908-444-8086	

See Care One workers speak out at YouTube.com/CareOneWorkerUnited

1199SEIU
United Healthcare Workers East 0018

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Name	Address	Best Phone	Email
RODNEY BULLOCK	614 STILLING PL WESTFIELD	908-313-2664	
Robert W Clark	214 JAMES THOMPSON PL WESTFIELD	908-603-9317	
Jarvin Greese	500 W. Broad ST Westfield	908-654-3515	
Russell Boxerss	810 AMSTERDAM AVE Roselle	(908) 245-6305	
Theodore I. GAS	33 Academy Court Princeton NJ 08540	908-757-7384	
AARON V. HAGAN	1126 Dorsey PL PRINCETON	908-769-7745	
Russell Bastops	133 DAUNBROOK ST	908-526-2218	
Lea Wright	1 Sophia Ave SLEEPY HOLLOW VA	908-964-9694	
BRIAN RECAL	1045 W. Broad St SLEEPY HOLLOW VA	908-755-4730	
LISA NOCKS	1045 SLEEPY HOLLOW VA	908-755-4730	L.NOCKS@GMAIL.COM
SHAWN DOVE	142 HARDING AVE	908-672-0472	
ROGER CROUDY	1904 KANYON AVE S. PLAIN	908-361-2815	
Natalie C Bergen	111 Waverly Pl SPLAIN		
EVERETT P ELLIS	11124 LEONARD ST	(908) 755-9099	
Miles Outland	260 Rte 22 EAST #133 Spartanburg SC	908-723-2139	

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United Healthcare Workers East

U-000019

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Name	Address	Best Phone	Email
Alicia Gordon	1310 Marion Ave.	908 414-0154	
Stephanie Lett	1125 Lakewood Terri	908 754-7052	
Robert J. Alpernick	137 Lakewood Ave.	908 447-5461	
Bralley Thompson	1220 Lemay Ave. Plainfield		
Christina P. Pellegrino	1212 Cameron Ave.	1-908-561-2987	
Shamir Black	1450 Blueview Ave.		
Shamir Black	117 E. 9th St.	(908) 205-1120	
Joe King		N/A	
Wesley Wright	27 Jordan Street	N/A	
Scott Power		N/A	
Malatya M. M. M.		N/A	
Ilwanda J. Miller	5122 Union St. RPT 130		
John Kulas		N/A	
Debra Batzouwell	726 Pemberton Ave PLD NJ		

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Name	Address	Best Phone	Email
CHARMIS Payer	138 Cumberland ST		
Jeffery Hubbard	630 W. 7TH ST P1FD		
Mario Barrantes	67 A# Middlesex Village	732-306-7322	mjbarr@5mail
Gina Hutchins	20 Schiller Lane SPTD		
Shonelle Walcott		N/A	
Robert Manetta			
Dattesh Suthar		N/A	
Theresa Anderson		N/A	Theresa Anderson 236 451 1111
Dr. Koeffler		N/A	
Garth Young		N/A	
SPRUE BRITTON	UNEPKO N/A		
Christy Spivey	1011 Laurel Way, W. 10th St		

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1199SEIU
United Healthcare Workers East
0-000021

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Name	Address	Best Phone	Email
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Joanne DURANT	909 E 2nd St Pfd	908 754-6869	N/A
Andre' Wiley	11 Rutgers Rd, Piscataway	732-200-5632	Sabusia@optonline.net
Robyn Wiley	11 Rutgers Rd, Piscataway	(732) 200-5632	
Shonte B. Summers	1313 1st B Street Pfd	908-731-9152	Shonte.Summers@yahoo.com nansireel
Nancy Moore	1882 Manor Dr Union	908-265-2231	2008@yahoo
Mona B. B. B. B.	591 W 3RD ST Pfd	908-279-6410	
Mark K. B. B. B.	534 W. 3rd St Pfd	908-277-6410	
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Keisha Graham	11 Brookaw Blvd Pfd, NJ	908-265-7708	Smilie4665@gmail
Laron Brooker	11 Brookaw Blvd	N/A	

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U-000022

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Name	Address	Best Phone	Email
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Margaret Rose	1020 W 6th		T.Love@Yahoo.com
Margaret Rose	394 East 9th St	908-361-788	
Sky Madilyn	219 Stebbins Place		skyR@hotmail.com
Generice	27 Harrison Ave	(408) 397-0600	
Gregory Ruffin Jr	665 East Sixth Street	908-400-7802	gruffin11@yahoo.com
Jenny Na Smith	1065 7th St PFD, NJ	(408) 397-0600	
Pamela Anaker	418 W 6th St PFD, NJ	(908) 753-8867	motherofbill@live.com
Chastine Paul	607 Main Ave NJ		
Roderic Carson	288 Watson Ave PFD, NJ	908-753-9564	crad2@hotmail.com
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LARRY ASKEW	418 W 6th St	"	"
TERRY GITHENS	947 E Front St	732-522-7254	
Tyson Amaker	947 E Front St.	908-255-9118	
Pinky Amaker	305 Arlington Ave	908-255-9118	

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Nosotros, los abajo firmantes, hacemos un llamado a Somerset Valley Rehabilitation & Nursing Center y su empresa matriz, Care One, para que sea un miembro responsable de nuestra comunidad y asegurar que los residentes reciban la atención más alta de calidad. Somerset Valley /Care One debería dejar de malgastar recursos en la lucha contra sus propios cuidadores, reintegrar a todos los médicos que fueron despedidos por apoyar a su sindicato, dejar violar la ley federal del trabajo y tratar a los trabajadores con la dignidad y el respeto que se merecen.

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Name	Address	Best Phone	Email
Michael Diggs	750 East Front St. Apt A13 Pinefield, NJ 07062	(908) 552-4311	mjdiggs@hotmail.com
Chris Pomber	P.O. Box 36 Edison, NJ	(908) 922-8293	I1kgja120@aol.com
Jack Hill	411 Darrow Ave. PFD, NJ	908-444-5747	
Ronard Taylor	348-Begen St PLFD NJ	908-239-6510	
Roderic Carson	288 Watson Ave PFD, NJ	908-753-9564	crad1@hotmail.com
Donne Burto	540 W 2 nd St	732-421-4757	
Shawn Allayne	695 E. front st		
Shante' Griswell	586 Bound Brook Rd middlesex, NJ	(908) 405-5749	
James Edwards	1021 west 4 th street PLFD NJ		
Jebadiah Woods	123 East 6 th street PLFD NJ		
Jihad Barkley	619 West 6 th Street PLFD NJ		
OKBAK SIDI	111 West 7 th Street		
Ron' Tae Gibbons	34 W Front St	908-755-8292	
Amber Jenkins	1022 West 4 th		
Khalia Eastmead	1023 West 4 th		

See Care One workers speak out at [YouTube.com/CareOneWorkerUnited](https://www.youtube.com/CareOneWorkerUnited)

1199SEIU
United Healthcare Workers East
U-000024

Our Community Supports Care One Workers

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Name	Address	Best Phone	Email
GREG McNeill	1160 GRESHAM RD PIED NJ 07062		GMcNeill1160 @VERIZON.NET VERONADG@aol.com
DARIN GAYNOR	901 Hillside Ave Plainfield NJ		
Gregory G. Johnson	P.O. Box 831, PH, NJ		
Marc Hobson	722 St. Marys Ave PIED, NJ		
Kevin Wright	721 Berckmans Street, PIED NJ		wkewright@gmail.com
KEVIN HART	815 DIXIE LN	908-732-9119	
ERNEST Bryant	117 Crescent Ave		
Reza Zulfikar			
Sonyia Nyoni	dundee N.J.	908 247 2569	
Lisa Jones	1464 Redwood Dr	973 272 4607	
Sheela Peary	750 E Front St PIED	908 753 5465	
CATHY PEARY	750 E Front St PIED	908 753 7188	
Katesha Holman	1463 Columbia Ave PIED		
Hassan Sanders	925 E Front St. APT C PIED NJ 07060		hassan-sanders@juku
Jameel Sanders	1106 Park Ave Ad. 11 PIED NJ		jsanders@v70p.gm
Antoinette Perkins	825 E. Front St Apt. B		

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United Healthcare Workers East

Please sign

Our Community Supports Care One Workers

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Name	Address	Best Phone	Email
Jawn Vasquez	640 State St. PANT DISTRICT		
ROY GARCIA	555 Route 1 south		
Clauvire St Helena	32 N Clinton St. N.W.N.S		
Loretta Brown	817 Barry Ave. Le. th Amboy, NJ 08861		
Nectas Penn	555 Route 1 south, 2010, NJ		
KATHLEEN Begley	" " " " " "	732-287-8113	
Sharon Weig	390 Leslie St Newark NJ	732-742-0856	
Rich Engler	615 Doremus Ave Glen Ridge, NJ	201-389-3189	
Carl Lutz	11 Miles Avenue, Hamilton, NJ	609-888-3813	
MARIE TY	35-28 73rd St, Queens	347-196182	
Paul Lutz	170 Larkin St / Newark	332-646-866	
JANET LUTZ	003 Chandler Ave #5		
Jean Cox	Linden, NJ 07030		
Berch Angel	555 Route 1 South	646-457-7617	

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Name	Address	Best Phone	Email
------	---------	------------	-------

Marilyn Alvarez	522 Johnson Street South Bound Brook		
Patsy Hernandez	114 Union Ave		
Jenette Boya	264 Plainfield Ave		
Tanya Diaz	14 Vasseler Avenue South Brook		
Eleanor Castro	42 Johnson St		
Angela Truado	522 Union Ave	732 393 2746	
Karla Swedra	92 Vasseler Ave		
MARINA JACKSON	16 TERRILL Rd.		
Janet Casanova	311 MOUNTAIN AVE		
Nelly CIMBRON	592 CASTLE HILL		
SORI HERRERA	718	589-3529	
Johanne Rodriguez	718	589-3529	
DESIREE RODRIGUEZ	718	589 3529	
Brianna Lopez	(732) 762-0907		
SABRINA BARRMIREZ	908	240. 1712	
JACKLY QUINONES	908	342 5799	

See Care One workers speak out at [YouTube.com/CareOneWorkerUnited](https://www.youtube.com/CareOneWorkerUnited)

1199SEIU
United Healthcare Workers East

U-000027

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Name	Address	Best Phone	Email
Ernie Lopez	2612 Ross CT	(386) 473 4620	
LINDA SAVEDRA	2612 Ross Ct.	(386) 473-4620	
BRIANA Marie	521 South Bound Brook	(908) 342-7902	
Johnny Turade	502 Union Ave	732 393 2746	
Maria Diaz	951 High St		
Elizabeth Pinnones	205 Dominican Ct		
Pupi Lopez	908	392-3434	
Jenny Lopez	5 Union Ave	732 356 3324	
ANGEL ROSADO	5 UNION AVENUE	732 356-3324	

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Name	Address	Best Phone	Email
Papo GONZALEZ	163 LINDEN	732	763-9620
ANGEL Tirado	732 393 2746 3 Mountain Ave		
Juanita Velez	3 Mountain Ave	(732) 762 0907	
Angel Borado	3 Mountain Ave	(732) 762 0907	
Pupi Tirado	5 Mountain Ave	908 392-3434	
JASMINE GONZALEZ	271 VasseLER		
SABRINA RAMIREZ	15 Vasseler Ave 3 Bound Brook		
Charles Sanchez	524 Vasseler Ave Bound Brook		
ARABELLA Cintiron	155 Jackson Ave Plainfield		
Israel Herrera	155 Jackson Ave Plainfield		
Maria Cintiron	13 Maple Ave Bound Brook		
Yvette Strother	122 South Brook		

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Name	Address	Best Phone	Email
MARIA Velez	426 Morrastown		
Charlee Martens	55 Cherry Ave		
Alexandra Martinez	55 Cherry Ave		
Kelly Houston	951 Jackson Ave		
Wanda Gonzalez	19 Betsy Ross CT		
Jasmine Diaz	414 Vasseler		
Jennifer Padilla	113 Maple		
Christy MARTINEZ	25 Cherry Ave	(732) 377-9837	
JAMES MARTINEZ	25 Irving Ave	(732) 977 9837	
Juanita Herrera	3 Union Ave	(732) 762 0907	
Nancy RIVERA	92 Main ST Somerville NJ 08876		
	8 RUE MATISSE Somerset NJ 08876		
Angela TIKADO	500 E Union Ave	(732) 393-2746	
			732 745 874

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B

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Name	Address	Best Phone	Email
CLAUDETTE LAMINEALY	1312 WATERFORD DR EDISON	908 930 8690	
Jonathan Ortiz	14 Stockton Road	732 619-6227	
Angela P Bess	349 Market St.	732-801-4634	
Michele Letner	12 Quaid St	732-257-2798	
Lorena Timio	2121 Rte 22	732-281-7610	
Vera Jackson	St. Martin's		

See Care One workers speak out at [YouTube.com/CareOneWorkerUnited](https://www.youtube.com/CareOneWorkerUnited)

1199SEIU
United Healthcare Workers East

U-000031

Our Community Supports Care One Workers

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Name	Address	Best Phone	Email
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Mavis L. Johnson	101 Goodmans King Clark, NJ	—	—
Mary A. Johnson	1272 Park Ave, Apt 210 Saintfield, NJ	—	—
W. Lawrence	110 Woodbridge	606-300-1454	—
S. A. Kumar	62 Woodbridge Terrace	—	vskumar@ydr com
Kreshanth	11 Woodbridge Terrace	—	—
Manu Bentley	Woodbridge NJ	—	—
G. HADUM	1160 LAURELWOOD SCOTCH PLAINS NJ	908 222-0816	—
L. Nakarian	1175 Lake Rd. SCOTCH PLAINS NJ	732 388-8894	—
E. JOSE	123 LAURENCO ST.	551-206-7045	—
* [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
* [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
* [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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1199SEIU
United Healthcare Workers East

U-000032

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B1

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Name	Address	Best Phone	Email
W. Scott Rojas	141 E. Georgia Pl. N.J.	732 250 0114	
M. McSwain	1119 Hampton Lane	908-884-7487	
A. Doyle	" " "	" " "	
P. Hatcher	630 Maplewood	908 245 7312	
J. Hatcher	630 Maplewood	908 245 7312	
K. Lewis	1901 Pl. - a Drive	732 519 5000	
D. Young	1312 Waterford Drive	732 742 9054	
N. Ortiz	18 Stratton Rd	732 485 8113	
Stan Seymour	40 Palisade Ave, 08854	732-819-9468	
Brianna Klimek	436 Chain O Hills Rd	732-381-6124	
Allison Sharkey	14 Private Dr.	732-802-9428	
Jawis Amabile	411 Wendenburg Dr. Jords, N.J.		
Rosalee Davis	63 Pleasant Ave		
Tatisha Bass	144 Chilton Hall Elizabeth analyst		

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Name	Address	Best Phone	Email
Donny Jackson	462 Bridgewater NJ	08805	
Karen Martinez	964 Vosseller Ave	(732) 914-2619	
Melanny Cinton	26 Somerville	(732) 393-9246	
JOEL Diaz	916 Place	NJ (718) 469-1214	
Marina Castano	297 Bridgewater		
Barbara Lopez	460 UNION AVENUE		
Kelly Pena	91 Maple Avenue	New Jersey	
WANDA GONZALEZ	414 South Bound Brook		
Amanda Jones	929 Manville		
Sergio Melendez	114 Bridgewater	New Jersey	
Anita Moore	491 North Plainfield	NJ	
Pat Woodall	Chinton Avenue	New Jersey	
CARLENA Di Rocco	488 Manville	N Jersey	
Briana Molina	722 Manville	N Jersey	
Doreen Higgins	906 North Plainfield		

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1199SEIU
United Healthcare Workers East 000034

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Name	Address	Best Phone	Email
Noreen Williams	519 E. 187 St.		
Daniqua Johnson	1020 trinity ave.		
Thomas Wilson	9307 Beaumont St		
DANIEL RODRIGUEZ	730 FOREST AVE		
James Wight	621 South Bound Brook		
Patricia Jones	732	968-4444	
Mario Vasquez	461 Jackson Ferry	973 965 2951	
Jenny Treats	988 South Bound Brook		
STRAVIS JONES	688 MAPLE AVE		
JOEL CASANOVA	464 South Bound Brook	(973) 2412	469
DANNY PEREZ	119 Chestnut Street	(732) 494-8181	
Yngenera Molina	626 Vosseller Ave	732 302 1282	
MONICA VELUCH	881 Bridge water		
DONNA Houston	219 Bound Brook Rd		
Jasmine Hanken	494 Main Street	732 628-4341	

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Name	Address	Best Phone	Email
Tamela Johnson	562 Somerville NJ		
SHEREASE Moore	526 Union Avenue	(732) 469-2842	
BRIANA Marie Velez	161 Maple Ave	(908) 661-1411	
Raymond Diaz	2991 Castle Hill	(718) 662-9666	
Maria Herrera	69 Inter Ave	718 588 3529	
Joyce Reynolds	44 Somerville NJ		
Jadara Cruz	741 Bridgewater New Jersey		
Brenda Cruz	501 Somerville New Jersey		
NORMA SEGARRA	Cedar Rd	(732) 806-1414	
Sarah Jenkins	881 BRIDGEWATER		
Jenny Herrera	25 South Bound Brook	(732) 229-6850	
Nancy Cruz	144 Manalillo Street	(973) 626-4942	
Jessica Cruz	562 South Bound Brook	(732) 493 2693	
ARNETTA MARTINEZ	628 JACKSON NJ Jersey		
Nydia Centeno	368 Bridgewater New Jersey		

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Name	Address	Best Phone	Email
Diana Herrera	1977 Vine Rd	(908) 442-2363	
Elizabeth HERRERA	565 DOMINICUS CT	(908) 763-3060	
Mary Rodriguez	930 Main St Sound Brook		
Janez Rivera	666 Cherry Avenue		
Jamie LA ROCCO	5 Middlesex NJ		
Shane Ortiz	848 Newark New Jersey	(908) 429-9494	
Janez Velez	926 Church Street	(732) 668-1581	
DARLENE COATS	291 Bourn Brook Rd		
Michelle Vasquez	994 Somerville New Jersey		
Patty DeLeon	61 Main Street		
Aron Zimmerman	559 Woodbridge		
ALEXIS GONZALEZ	17 Timberline Dr		
Alice Herrera	911 Main Street	(732) 642-2232	
WANDA GONZALEZ	393 South B Brook		

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United Healthcare Workers East

U-000037

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Name	Address	Best Phone	Email
Lillian Perez	663 Bridge Water N Jersey		
Francis Basado	202 Dominicus Ct		
Eleanor Tyson	929 Bound Brook Apts		
Jack Berkowitz	549 South Bound	732 646-2311	
Larry Falcone	33 Rehill Somerville N Jersey		
Matthe Jiming	148 Woodbridge New Jersey		
Anita Jackson	129 South Bound Brook NJ		
Jesae Molina	231 Vosseller		
Lidia Struthers	396 Main Street NJ 08805		
Paulette Jenkins	722 South Bound Brook		
Tom Guerman	163 Rehill Avenue		
Shanon Barnes	63 Main Street		
Lynn Parkins	95 Bound Brook Rd		
Genera Falcone	162 Bridge Water	908 614-2424	

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U-000038

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Name	Address	Best Phone	Email
Dot Moore		908-313-8111	MOORE DOT REJ @ AOL.COM
P. LAPADULA		908-469-0983	
Mary Savage	19-B W. Main St BB NJ 08825	548-210-2605	Bigmare 247 @aol.com
Jenise Mitchell	225 Red School Cr F-7 Phillipsburg, NJ 08865	908-643-5201	JenMit@aol.com
Thomascina Houston	22 South Brook Rd		
Michelle	1214 Chubbain Rd.	908-342-7253	
Alfredo Santiago	500 E. Union Ave Apt 27 Trenton, NJ 08611		Alfredo.Santiago8@aol.com
Kerim Jaleel	22 Union Ave	132-356-3737	
Julma Rivera	19 West End Plainfield Ave		
Angel Rosado	500 E Union Ave	932-762-0907	
Susan Garcia	219 Somerset St		
Tanya Casanova	18 Southern Boulevard		
Darlene Coats	32 Main St		
Jesse Lopez	3 South Sunnyside Blvd	908-313-3993	

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Name	Address	Best Phone	Email
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Terrence Santiago	291 Vasseler Ave		
LINDA Lopez	2691 ROSS CT	(386) 473-4630	
Briana Tirado	501 Union Ave		
Sheryl Smith	25 Talmage Avenue		
KAPPAINE	228 DOMINICUS Montgomery		
Patricia WOODACE	50 Clinton NJ		
THOMASINA Houston	22 Bound Brook Rd		
Susan Mewz	Maplehurst Ln Piscataway, N.J.		
	510 Somerville Rd Bridgewater NJ		k.rieden@comcast @aol.com
Rafaela Vazquez	32 Chestnut Brook Brook		email/cfira@careone.com
Cecilia Achacon	8 Rue Illatise Somerset NJ		
Jonda Schube	500 E Union Apt 33		
Madelaine Shube	500 East Union Apt 33		

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Name	Address	Best Phone	Email
Elliott Quick	3 PETUNIA DR ^{10627 HICKORY} ADJ 25	(732) 983-7088	ElliottQuick2@aol.com
Nicole Horton	1366 St. Nicholas Blvd	PHIL, NJ 07062	
Talisha Johnson	406 Dermody St.	Kussetent 973 202-2764	zawadib3@aol.com
Denise Mayse	595 S. 114th St.	Newark 973-624-0133	
Dendrah Peterson	806 Carnegie St	Windsor 908-259-1566	
Banwanae Clark	227A E 7th St	PLAID 908-546-3687	
Theresa Harris	411 Bernard Ave	Ludlow 908-925-6152	
Kyle A Green	615 John Sr	Plainfield NJ 908-668-4699	Thegreenway@yahoo.com
Steve Rhim	STEVE RHIM @ YAHOO.COM	678-468-3534	PLAINFIELD
Robin Jones	1156 W 8th St	So PLIFD 908-400-4500	
Shawn Sostand	10550 Kingston Ave	908 205-1886	
CASSANDRA GLIMES	PO BOX 3237	PLD, NJ 07063	10agstem24@yahoo.com Renda Midelevon@aol.com
Lisa Middleton	30 Greenbrook rd	2nd PLIFD 908-205-9599	
William Gordon	706 CARDUCCI ST	PHIL 908 361 0651	
Jenny N. Smith	27 HARRISON Ave	PHIL 908 397-0650	
RONALD G. CARTER	840 ADAM CIRCLE	PLAINFIELD, NJ 908 564 4443	
See Care One workers speak out at	YouTube.com/CareOneWorkerUnited		
Chelda D Perkins	1030 Grove Ave #295	Edison 908 208 499-2370	

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Name	Address	Best Phone	Email
CAROL HOWELL		908-209-6076	
John Smith		908-883-0849	
MARK JONES		732-803-4389	
JANESSA WILLIAMS		908-922-5271 or 769	1498
LEROY SLATER		908-561-1460	
Gary Woods		862-216-5382	
John Weeks		908-205-4870	
JOSEPH GAYMON		1430. COLUMBIA AVE. 070	
Kenette Knight		732-887 3478	
Pat Lankins		732-439-2645	
Reggie Masley		908 930-3574	
Dollie Pickett		908-753-9414	
KELLY Cannon		732-685-5721	
Troy Perryer		JSP164@hotmail.com	
Sij'ajah Jenkins		Sj_Jenkins@ymail.com	

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Name	Address	Best Phone	Email
Claudi Bender	109 4th Ave, Brooklyn, NY		
Bruce Fadden	714 1st St DUNELLEN, NJ		
Lakeisha Anderson	769 Woodland Ave P1101 10		
Kelly Rivera	428 30 Broad St ELIZ, NJ		
→ Betty Surran	15 Coddington AV		
Earl	15 Fern R VA		
Hannie Johnson	120 Randolph Rd Apt #13 P1101 NJ 07011		
Carli Davis	580 ... 8th ... 07060		
Doobie Alencadia	1007 Sherman Ave P1101 NJ 07060		
-M Palumbo	909 Park Ave P1101, NJ 07060		
Museeta Tucker	1705 ...		
Stacey Brown	827 E Front St P1101 NJ 07060		
Sharon Beverly	170 Elmwood Plc. APT 3-C 07060		
Yasmeen Bentley	1106 Park Ave #24 908 656-4059		
Patricia Edwards	21 Anatron St 908 501-0181		
Jill Walker	197 ...		

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Name	Address	Best Phone	Email
Iddeya Hamilton	22 Morris St PLFD, NJ		haddaunye@yahoo.com
Eunice Benjamin	427 John St PLFD, NJ		
Mary Anne Guzman	10 Summit Ave No. Plainfield NJ	908 756 8530	
Bernadette Hunter	125 Martin Drive S/P	732 476 4365	God will nurse pray -
Janet Knight	248 New Market Rd ^{Dunellen NJ}	862 452-3166	JANILLZ1010@gmail.com
Danacia Wheeler	451 W. 6th St.	908-917-2868	commgod1@verizon.net
Robin Jones	1156 W 9th St	908 753-1946	
Rossie Mason	936 Ellis Pkwy Edison	908 938 9667	
Daryl Love	P.O. Box 5380 PLFD NJ		
Sharon Pate	903 E Front St	908-757-0267	
Linda Glaw	145 Columbia Ave PLFD		
Jayelle Jones		732-940-2888	
Naomi Jones	1352 Bellevue Ct PLFD		
John Hicks	1275 Rock Av.	908-337-1172	
Kate Johnson		(908)-268-8140	

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Name	Address	Best Phone	Email
Drene Braxton	464 W 4th St Plainfield	(908) 361-3820	-
Walter Rhymere	"	(908) 672-2592	-
Muchale Dabney	866 Coolidge St.	908-3805757	
Tina Allen	Piper 57411	714 707 1381	
Willie L. Green III	409 East Lud	908 279 9376	
Ingrid Floyd	283 Chelsea Blvd	908 222 3450	
Daryl M. Jackson	1727 Essex St.		DWOODZIE@col.a
Octavia Carter	314 Pearl Pl So. PFD.		
Brad Burnett	831 W. 4th St. PFD, NJ		
Darim Edward	733 Beech Terrace PFD NJ		tedward812@gmail.com
Black Messiah	435 W. 5th Street	908 576 2095	
Angel Jones	81 Raymond Ave, PFD, NJ		alynn61@msn.com
Deaf Cans	375 North Ave North	(908) 361-2227	Cisondenda@yahoo.com
Kempra Lewis	637 E 7th Street	908 834 5757	Blackbarbie78@gmail.com
Dyann FIVE	290 Lincoln Blvd Che	908 369 7471	
See Care One workers speak out at YouTube.com/CareOneWorkerUnited	312 E. 17th PFD	908-353-6280	
Ronny Tuckin	6600 N. 5th E. PFD	908 346-0	

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Name	Address	Best Phone	Email
<i>Ernesto Jimenez</i> HANK STOUT	1079 Alle... 62- Inman Ave	908-499-0005	
Larry Stout	62 Inman Ave	908-499-0005	
George Withms	725 Webster Pl	908-488-9132	
Esmeralda Jimenez	729 Webster Pl	908-482-0307	
Indey Farmer	81 Chestnut Ave	908-447-6768	
Agasha Talley	866 Colledge Pl	908-517-0675	
Yvonne Lynch	39 Academy Pl	908-531-3364	
Velma C Lee	353 Hunter Ave	908-769-1447	
Karen Wright	1 Sophia Ave	908-964-9694	
KAREN FISHER	204 Ludwigs Ln	201-401-2485	
Grill Pryor	638 Cumberland St	(908) 789-1237	
Clara Shack	551 Pl of P...	(908) 317-9154	
Brenda Jemal	127 Grove St	908-232-0722	
Roderick Taylor	315 Osborn Ave	908-232-5672	
Mable Wallace	2002 Lake Ave	908-7734	
George Joshua	731 Webster Pl	908-222-2990	
Elaine Joshua	731 Webster Pl	908-222-2990	

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Name	Address	Best Phone	Email
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Ann Wells

821 WEBSTER PL

PLAINFIELD NJ 07060

Guy Barlow 1707 MYRTLE AVE. Plainfield

Bernadette Smith 220 SUMNER AVE PLD

John Mudd 30 Greenbrook Rd 200 KK PL PL

Siame Rice 139 Johnson Ave Plainfield 908 294-1631

T Brown 139 Johnson Ave Plainfield 908 294-1631

W. Scott Watkins 1123 North Ave, Plainfield, NJ 07060 (908) 754-1606

Wally Lee Decker 610 Royal De Cira 215 Plainfield NJ 08854 908 342-7276

Desiree Boyd 55 Stone St. N. Plainfield NJ 07060

Charles Hayes 320 FRONT ST Dunellen NJ

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1251 Milton Pl. #413 PLD

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Name	Address	Best Phone	Email
Corly Van Kutter	202 Mill Pond Dr. Lorton VA	732-433-6555	van.kutter202@hotmail.com
Tom Koles	214 W. S. Dr. Roselle	908 913 3500	
Mike Wallace	904 E 2nd St.	908-922-3161	
M. Rose	48 WATSON AVE APT 7A	732-762-8630	
William Infante	71 Winterset Ave (Disun) 1349 Flanders Ave	908 884 5322	tsuennip@yahoo.com WATT@comcast.net
Anna Smith	947 FRONT ST APT 100	908-361-9295	
Nancy Sparks	1216 W 11th STREET PLD	908 755 8500	
Nicole McGee	85 South Essex Ave Englewood NJ 07030		nicolemcgee@yahoo.com
Renee Thompson	1280 North Ave. Northvale	908-642-2144	
Gregory Crew	1349 E. 2nd St PHA	908-757-9144	
Dennis Reid	245 NETHERWOOD PLD	908 474-8687	
Doddwell	949 E Front St	908 405 5699	
Thomas	3rd & 1st Ave	908-444-6300	
Heidi Williams	442 Flanders Ave	908 648 1500	

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Roman H. Bourne

1248 Park Ave.

908-966-0791

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Name	Address	Best Phone	Email
Charlene Freena Williams Rose	ST. MARY 1202 WATLING DR	908-123-4411 908-395-9059	B: K: 7411 ALBANY / 6
Lorraine Rose Kim Dore	120 Elmwood Place 1400 Bellene Ave	908-731-9437 908-755-1609	
Sonie Jenkins	722 Kensington Ave	908 205 1237	
Lisa Williams	611 West 5th St.	908 548 3476	
Fregman Stembidge	117 Crescent Ave	908 405 -8090	
John H. Holmes	615 E. Front St	908 922 3124	
Johnie Douglas	1218 Putnam Ave	908-769-8515	
L Aquila Stembidge	339 Bergen St	908 548 3398	
NORMAN K GREEN	450 ORCHARD ST	908-422-7162	
Lashorn Durand	909 E 2nd St	908-531-9468	
KAYE JOHNSON	1345 Sloane Blvd		
VERNIE JONES	1238 Columbia Ave.		
Melba Jones	646 W. 6th St		

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Name	Address	Best Phone	Email
Christine Ford	607 Mayfair Lane, Neptune NJ 07753		
Eric M. Knight	621 Belvidere Ave. PFD 07062	908-705-5614	ericmknight621@Aol.com
Lisa M. Young	508 Copperfield Ln	732-446-3222	Diamond3824@aol.com
Shakirah Young	508 Copperfield Lane	862-221-8352	shakirah.young@gmail.com
Sharon Coprest	7005 Waltham Way	908-756-0300	
Julia Boss	408 Waltham Way	908-405-4514	
Lou Pidrick	730 South Ave		lpidrick@yahoo.com
William Goodwin	7065 Cedar Rd. S.W.	904-341-0651	
Della Houck	255 Watson Ave. PFD	908-304-3096	
Genevieve Smith	27 Harrison Ave. PFD	908-397-0450	
John Carter	P.O. Box 2884 PFD 07062	908-872-2438	
JARONDA CRITTEND	947 E Front St.		
JAMES FELTON	1432 Brentwood Trl	(908) 531-1704	
Lamont Franie	3rd Kingsbridge Rd. Neptune	978-407-0456	lamontfranie@att.net
GREGORY B THOMAS	950 PARK AVE PFD	908-570-3990	G-TSINS78@YAHOO.COM
Shirley B. Wilson	311 George Pt.	908-361-3624	

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Name	Address	Best Phone	Email
OHley Freeman Dr.	615 E. Front St #12	732-558-1124	
SAFAR WENS	731 Webster Pl	(908) 753-3902	
Julian Eastwood	908-bbt-dou	721 Park Ave	
Joseph Pearyer	1023 west 4th st	410 963 3221	
Amber Jenkins	4245 Foxwood Circle	908-307-0749	
Kathya Hellmer	1463 Columbia Ave	908 456 2659	
Roderic Carson	288 Watson Ave	753-9564	
Jay L. Clark	722 St Marys	908-757-1813	
Jimmy Llanio	224A E. 7th Street	908-731-9634	
Derric Benford	151 Pineview Terrace	(908) 344-4798	
Mynta Davis	390 West 4th St #100		
Edna Thomas	1604 Richard St PLFD NJ 0703	908-769-9549	smallpackage21@gmail.com
Frederic 1227	14 St Pharrville NJ	908-821-5836	1A@100.com
Steve Clinton	1116 Putnam Ave PLFD	908-239-1234	
Jayia Clinton	109 East 2nd St	908-251-8413	

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Name	Address	Best Phone	Email
Thomasina Houston	829 Mountain Ave. Bound Brook, N.J., 08805	(732) 302-9542	Houston.JT. Houston@AOL.com
Bessie Rice	140 Johnston Ave	908 561-5952	
Katherine Metner	829 Mountain Ave. Bound Brook N.J. 08805	(732) 648-6384 797-7812	
Kyriasi Smith	171 North Ave RFD, NJ 07000	908-791-4400	
Kevin Atkinson	312 West Fifth St Alfred, NY 13730	908-277-7176	
Maria Arnold	240 E. 9th St 1st Fl	(908) 294-2727	
Darryl West	6 Chelsea Dr	(908) 578-4021	
Bobby Davis	183 Main St	732 903 1843	
Elizabeth Radwan	500 N. W. Highway		
Christina	917 W. 4th St Plainfield	908-937-7009	christina.ys6@...
Fouquan Lovett	1315 East 2nd Plainfield	908-279-9863	
Aimee King	139 Johnston Ave Plainfield	908 214-1795	
Lekita Lee	139 Johnston Ave Plainfield	908 294 1431	
Thomas Brown	139 Johnston Ave Plainfield	908 294 1000	

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Name	Address	Best Phone	Email
Bild Rice	139 ^{Plaintiff of 10/2012} Liberty ^{Dep}	908 294-1638	
Kenya Mutyanga	176 Liberty St, Westfield	908 822-8672	
Shaniqua Kunch	761 Edward St PFD	(908) 822 8672	
Andre Payton	37 Wintling Wood Drive	(78) 514-4142	
Hansy Wells	135 BERKMAN ST. PFD 177	988-444-8012	
Bobbi Morris	93 Royal Dr Piscataway NJ	732 912 0462	
Dorely Miller	814 W 5th St PFD	908-548-3754	
MILDRED BRAXTON	1295 COLUMBIA AVE PFD	908 727-3351	
Denik Wyche	1106 EDWELL ST	908 668 7510	
Terry B. Waller	1107 Edwells PFD	908 279-2352	
Matt Neal	1348 Sloane Blvd	973-878-8408	

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Name	Address	Best Phone	Email
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Diana Salazar	300 St. Johns St. ^{Brook} NJ		diana.salazar@Gy
Melissa Tran	10 Kariton Ave.	326489670	
IRAEI Paddilla	250 Teaneck	347-680-8054	
Evelyn Lopez	141 1/2 Oak Plain Rd	914 474 4165	
Rose Paddilla	330 South Bound	732 648 4556	
John Masz	15 Timber line	732 841-8861	
JUAN CARLOS	98 Crip Ave	954-243-8026	
Olga Tirado	305 Forcham Rd	908 754 2637	
Jennifer Valquez	MS Beaumont Care Brook NY	10458	
Angel TIRADO	5 Union Apt B	732 893-2746	
Eva Lomon	349 Yonkers NY	10458	
Sharon Diaz	648 Cedar Grove		
Jonathan Paila	205 Dominicus Rd		

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Name	Address	Best Phone	Email
Charlene Rodriguez	716 Linow Ave	908 763-9620	
Terry STRATHELOS	205 South Bound	732 369-3993	
James Wright	249 Hillborough	908 841-0696	
Ernesto Lopez	2620 Shipshack CT	386 473-4630	
SHANICE DIAZ CASANOVA	602 Union Ave	408 343-8612	

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Name	Address	Best Phone	Email
<i>[Handwritten Name]</i>	<i>[Handwritten Address]</i>		<i>[Handwritten Email]</i>
<i>[Handwritten Name]</i>	<i>[Handwritten Address]</i>		<i>[Handwritten Email]</i>
<i>[Handwritten Name]</i>	<i>[Handwritten Address]</i>		<i>[Handwritten Email]</i>
<i>[Handwritten Name]</i>	<i>[Handwritten Address]</i>	<i>[Handwritten Phone]</i>	<i>[Handwritten Email]</i>
<i>[Handwritten Name]</i>	<i>[Handwritten Address]</i>	<i>[Handwritten Phone]</i>	<i>[Handwritten Email]</i>
<i>[Handwritten Name]</i>	<i>[Handwritten Address]</i>	<i>[Handwritten Phone]</i>	<i>[Handwritten Email]</i>
<i>[Handwritten Name]</i>	<i>[Handwritten Address]</i>	<i>[Handwritten Phone]</i>	<i>[Handwritten Email]</i>

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1199SEIU
 United Healthcare Workers East
 U-000056

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Name	Address	Best Phone	Email
Loi Nicolosi	520 YETMAN AVE	718 3561446	—
ALLEN WASE	12 WESTVIEW DR NJ	917-617-2886	—
Spencer A. Sarnoff	441 Crossfield Ln.	—	—
Hannah Sarnoff	441 Crossfield Ln.	—	—
Janice Y. McKenna	— Hur Junacy	—	—
Jude McPartland	493 East Ave Sewaren	—	—
Colleen Star	493 East Ave Sewaren	732-750-0787	—
Penelope Kuck	66 Valley View Old Bed.	—	—
Rita Dunbar	100 Edgerton Blvd.	—	—
Liz Kent	270 Hawthorne Dr.	—	—
Rita Carbone	26 Lake Ave	—	—
GENIA SIMMS	425 W 2N AVE ROSELLE	—	BLUANGEL722@AOL.COM
Maria Spada	6 Ashwood Pl. No Bruns, NJ	848 391-1424	—
Rose Stranahan	Pl Bell Ave Ford NJ	732 668 9678	—
Walter D. ...	817 Barry Ave, Perth Amboy, NJ	(908) 510-2716	—

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Name	Address	Best Phone	Email
Jalisse M. Bacon	89 Shephard Ave Newark NJ 07112	(973) 220-1712	
Stephanie Sanchez	640 Gordon Ave NJ 08871	(973) 201-2093	
Samantha Sanchez	640 Gordon Ave NJ 08871	(973) 204-2093	
Maria Caraballo	640 Cook Ave Lawrence NJ 07030	732-696-2818	
Chryse Lambert	1096 W St George Ave NJ 07036		
Karla Masby	510 Roselle St Linden NJ 07036		
CAROL VIOLA	404 KIMBERLY CT FORKED, NJ		
THE ARTAS	1010 JULIA ST ELIZ, NJ 07201		
Helisabelle-hii	55 Gurley Rd Edison NJ 08817		
Wasee Callender	159 H Jerome St Parkville MO 64456	908-245-9034	
Finanf'quank	159 H Jerome St Parkville MO 64456	908-245-9034	
Deanne Semerzhenok	33 Summit Ave Parkville MO 64456	917-450-4643	
Amel	112 Connet Pl South Orange NJ 07073	973-626-5418	
Aitogracio Soto	31 Wainst Court NJ	973-207-5850	

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Name	Address	Best Phone	Email
SHAKERIA SHAKERIA	N) JERSEY		SHAKERIA@Y2W.COM
Renee Giambone	R. Giambone	N 49 Noy JBS 184 S. Main ST	
Kristina Mender	389 Main St. Spotswood		Sparkybacky@comcast.net
Renee Lee	6F Bunnst re In. Woodbridge	848-468-0388	
Kerry McCaw	2075 Morris Ave Union NJ	(908) 397-7656	mcgawker@gmail.com
SHARON GAYNS	83 Piquarian Lane Woodbridge	732-654-0003	
Laurie McClain	98 Howell Ave. Fordes	732-750-2691	
Kate McEllan	98 Howell Ave Fordes	732-750-2691	
Jeanne Jakielzak	743 Chatelet Dr Woodbridge NJ 07095	732	Jjak13@yahoo.com
Joan Steiner	90 Wabridge Ct Dr. Woodbridge	732-656-8000	
Paula Coan	3003 Jersey precatary way		
Kulopant	3 Stonegate In Metuchen	732-261-5158	
E. O'Connell	4 Stonegate In Metuchen	732-549-3887	
K. MUSE	66 hope lan elizabeth NJ	732-423-6959	uvable2@yahoo.com
Nijmeh Abed	14 Judy Dr. Keasby NJ	732-442-3912	

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Name	Address	Best Phone	Email
Virginia Molina		732-302-	1282
Marc Sanchez		848-702-	3460
Abelardo Elizondo		732 842 702	3454
_____	refused	1908	_____
_____	refused		
María Herrera	505 Prospect Ave	(718)	5843529
Sharon Schieferstein	334 St Johns Bound Brook	732.377.	9678
Alida Roman	540 Marion St. Bound Brook, N.J 08805		qirrom59@verizon.net
Sonia Aguilar	Bound Brook N.J 08805	732-469-19-66	
Isbeth Navarro	Bound Brook NJ 08805	732-516-8972	
Stephanie Ramirez	3201 Windler Drive Bridgewater NJ 08807	908-458-1027	
Yleana Dumé	3201 Windler Drive Bridgewater NJ 08807	609-672-9426	
EMILY SCHNEPP	26 Shady Ln. Bound Brook	732-895-8876	
Maylin Ruiz	3201 WINDLER DRIVE BRIDGEWATER	908-393-2881	

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Name	Address	Best Phone	Email
Sonya Coords	608 Thomas Place Bound Brook	732-352-5290	S.Coords@juno.com
Sol Rivera	143 Cedar Street S. Bound Brook NJ	732/369-6482	solrv@optonline.net
Marian Rivera	500 East Union Ave Bound Brook	732 977 6932	marianrivera@gmail.com
Sabrina Ramirez	3201 Winder Drive Bridgewater	908-240-7712	the-only-honey-ill@
Angel Tirado	508 East Brunswick	732 393 2746	
Juanita Herrera	502 E. Union Ave	732 762 0907	
Jesus Tirado	500 E Union Ave	908 329-3434	
Yvette Lopez	3 South Bound Brook	908 342-7902	
Marylinda Dalma	500 E. Union Ave #22 Bound Brook	732 537 9997	
Maria Grezo	500 E Union	732 688-9065	
John Casanova	234 E. Grant Ave	718 295-1165	
Gathy Villanova	414 Union Ave	908 648-2231	
Patricia Wilander	500 E Union Ave		
Alba Herrera	#24, B.B. NJ 205 DOMINICUS	732-322-5750 908 342-5799	
Juanita Velazquez	5 Creek Way	208 375 1354	

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Name	Address	Best Phone	Email
Juette Lopez	165 Canal Road	908-342-7902	YveHe442489@yahoo
Yvonne Lopez	292 Vosselle Ave	908 917 5362	YvonneLopez@gmail
Maria Callos	82 high st	732 560 0059	
Muhammad C Han	500 E. Walnut St #110	732 748 8579	
Patricia O'Reilly	745 Schoolhouse Ln	(732) 469-7618	patricia.o'reilly@comcast.net
Edwin S. Stone	29 Madison St. South Bound Brook, NJ	732-754-7808	
Martha Garcia	216 Hardy Av Bound Brook NJ	(732) 356-0806	
Jennifer Flores	95 Manning aveno Plainfield	908-922-2218	
Maria Rame	721 Duane Ave	908-472-3931	
Guarantia Jimenez		(732) 667-3920	
Piedad Escamilla	313 Walden Ave Plfield NJ	908-405-1531	mariposa@live.com
Mario Reyes	396 Beechmore Ave plfield	908 510-4428	
Angel Barreto	10 E. Warren St. South Bound Brook NJ	732-356-0262	
Maribel Silva	167 W. High St. Bound Brook	908 878 703	
Adriana Contreras	12 Regent St. No. Plainfield, NJ	973-789-7525	carlezi@yahoo.com

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Name	Address	Best Phone	Email
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Lynne Boyce	705 Mt. Ave	732-710-9270	
Carl Alexander	208 Spooner Ave Pfd	908-251-4227	
Steve Alstar	1116 Putnam Ave Pfd	908-239-1234	
Douglas Edwards	1457 Columbia Ave	922-0236	
Dominic Whitfield	831 Central Ave	444-2621	
Thomas Eagle	1272 Park Ave Phairfield, NJ	908-249-1668	
Robert Robinson		(908) 294-1409	
Benny Stemoniolo	339 Bergen St	(908) 561-1848	
Randy Reina	1208 E. Front St Pfd	908-4050161	reinarandy50 AOL
Mark	1235 Cameron Ave Pfd		
Brenda Roberts	1272 Park Ave Pfd G		
Anna Mackson	735 Central Ave. Apt 4 Pfd NJ		
Lydia Duncan	13 Emma St Pfd NJ		duncanl@verizon.net
Brenda Hendricks	1300 US Highway 22 E. Apt # 23 N Pfd. NJ	908-941-8144	
George Robina	515 West 8th St Philadelphia, NJ	908-251-8893	

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Name	Address	Best Phone	Email
Cashy Brandon	1336 E. Front St. 2nd fl.	908 732 535-6448	
LIONEL SUMBERS	1216 W. 4 TH ST	908 922-1226	
ALISH ALSTON	416 E. Front ST		
ERICK JOHNSON	937-B, E FRONT PLEO	908-757-6765	
Darlene Watson	724 Coolidge St	908 9170622	
Jamie Taylor	117 CRESCENT AVE PLEO	908 917-2423	
William Goodwin	706 Coolidge ST PLEO, NJ	908-361 0651	
Jama Jordan	225 Liberty St PLEO	908-486-4862	
Cookie Grimbley	938 Cushing PL. PLEO		
Danielle Johnson	31 Piscataway NJ		
Rodney Scott	142 W. 7 TH St. Piscataway N.J	908-834-8509	
Bill Armstrong	PO Box 2955 PLEO	973-418-5217	
Mel Lewis	623 SPORTRER	531-7415	
SEAN BOOTH	1412 Columbia AVE	908-391-5247	

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Name	Address	Best Phone	Email
Yolanda Pacheco	269 William St		
MARION Shipman	544 Johnson Street		
Dorcas Jones	144 Union Avenue		
Norma Castro	882 Bridgewater	908-392-9292	
Jacklyn Torres	522 Vossellier Avenue		
Kashlyn Lopez	421 Park Avenue Plainfield NJ		
Johnny Pacheco	1878 Talmage Ave		
Michelle Diaz	502 Union Avenue		
Barbara Nunez	2424 Beaumont Avenue		
Destiny Lopez	363 South Bount Brook	908 392-9249	
MARIA Casanova	941 Bridgewater	908 469-8242	
Darlene Parker	788 Jackson St.		
Wanda Gonzalez	114 South Orange, New Jersey		
Jeane Rodriguez	626 Jackley Heights		
Stephanie Jimenez	649 Maplewood NJ		

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Nuestra comunidad apoya los trabajadores de Care One

Nosotros, los abajo firmantes, hacemos un llamado a Somerset Valley Rehabilitation & Nursing Center y su empresa matriz, Care One, para que sea un miembro responsable de nuestra comunidad y asegurar que los residentes reciban la atención más alta de calidad. Somerset Valley /Care One debería dejar de malgastar recursos en la lucha contra sus propios cuidadores, reintegrar a todos los médicos que fueron despedidos por apoyar a su sindicato, dejar violar la ley federal del trabajo y tratar a los trabajadores con la dignidad y el respeto que se merecen.

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Name	Address	Best Phone	Email
Fanny McFadden	212 South Plainfield Avenue		
Robby Romack	6216 Somerville NJ		
WANDA Herrera	777 WALNUT ST. N JERSEY		
ELANDRO Perez	1747 JACKSON STREET		
Yvette Lando	39 South Bernal Brook New Jer		
Paul Jimenez	164 Canal Road (908) 468-2646		
Michael Pacheco	396 Bridge water		
TIM BARNES	4771 South Plainfield		
Bobby Bermudez	545 LANDVIEW GARDENS		
Marlene Rodriguez	521 Somerville NJ		
Jaylin Gonzalez	4991 Rock AVE		
Darla McFadden	54 Fairview ST		
Anita Gonzalez	460 John Street		
Francis McFadden	323 Hillsborough NJ		

See Care One workers speak out at [YouTube.com/CareOneWorkerUnited](https://www.youtube.com/CareOneWorkerUnited)

1199SEIU
United Healthcare Workers East

U-000066

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Name	Address	Best Phone	Email
Domino Ramirez	164 Bridgewater		
Steven Torres	179 Maple Wood New Jersey		
Paul Bermeo	218 Somerville NJ		
Magdalena Perez	182 John St. Bound Brook NJ		
Melanie Sagustum	15 Maple Avenue		
Shantelle Hernandez	1391 Park Avenue New Jersey		
Angela Martinez	2100 Middlesex NJ	732 868-8118	
Erma Vergillio	2426 Vosseller		
Jocelyn Alvarez	428 Bailey Street		
Dalanie Williams	188 Cherry Avenue		
Juliana Bermudez	1129 South Bound Brook		
Maxi Jones	525 Maplewood NJ		
Angie Diaz	184 Martinsville NJ		
Tomika Barnes	111 Park Avenue		
Lionel Rodriguez	827 Main Street	(32) 343-1496	

See Care One workers speak out at [YouTube.com/CareOneWorkerUnited](https://www.youtube.com/CareOneWorkerUnited)

1199SEIU
United Healthcare Workers East

U-000067

Our Community Supports Care One Workers

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Name	Address	Best Phone	Email
Diana Ramirez	269 Rehill Ave	(908) 393-4661	
MAGDALENA VELOUCH	96 Terrill Rd		
Angel Rosendo	29 Betsy Ross		
STEPHANIE ROSADO	29 BETSY ROSS CT		
Israel Patilla	627 Linden Blvd	(718) 391-4196	
Sydney Castro	748 Bound Brook		
Elizabeth Contron	393 Taylor Ave	(718) 589-2969	
Brenda Lopez	771 Bridgewater NJ	08805	
Bobby Falcon	11 Main St Bound Brook NJ	08805	
Bernadette Jenkins	242 North Plainfield		
CASANDRA CASANOVA	974 LINCOLN BLVD		
Narinder Petros	101 West Laurel St		
Melaniequa Pratts	502 Shepard Ave		
VALARIE JACKSON	308 MAIN ST		
Jennifer Cury	402 Park Place	(908) 868-4262	

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1199SEIU
United Healthcare Workers East
U-000068

Our Community Supports Care One Workers

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Name	Address	Best Phone	Email
Pearl Jones	699 Bridge Water	(908) 882-0464	
Ernesto Saucra	502 Teaneck New Jersey		
Joyce Martinez	822 Bound Brook Apts		
Bernardo Diaz	823 Bound Brook Apts		
Destiny Lopez	3 South Bound Brook N.J 08805		
Tina Perez	288 Union Avenue		
Norma Lopez	896 Somerset New Jersey		
Cynthia Parker	274 Somerville NJ		
Jenny Gonzalez	97 Bailey Avenue		
MARIA TIRADO	114 South Bound Brook		
SELENA RICE	21 PARK AVENUE		
Jermaine Jones	565 South Plainfield		
MARCUS SOTO	214 Somerset St	132.393.2916	
Adra Thompson	621 Linden Avenue		
Sharon Smith	74 West Second St		

See Care One workers speak out at [YouTube.com/CareOneWorkerUnited](https://www.youtube.com/CareOneWorkerUnited)

1199SEIU
United Healthcare Workers East

U-000069

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Name	Address	Best Phone	Email
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Quartermaster Dorsey			quartermaster@yaho.com
Emily Segarra	49 South Bound Brook NJ	908 469 3514	
Michelle Thompson	132 9122 Somerville NJ		
Brenda Cruz	Maple Ave	848-2838	
Audrey Martin	Union Ave. Bound Brook New Jersey		
Deanne Boughn	W second St. Plainfield NJ		
Harry McManis	Maple Ave. South Plainfield NJ		
Leonardo Zwinchy	444 Franklin NJ Jersey	(914) 732-1292	
Tinequa Jones	914 Windsor Avenue		
Jessica Sandoz	822 Short Hills		
Chris Falcone	177 Linden Avenue		
Albany Gomez	114 Church Street		
Nelly Figueroa	502 Main St.		
Travis Strathers	262 West End NJ		
Mallorie Lopez	98 Church St.	(908) 231-8281	

See Care One workers speak out at YouTube.com/CareOneWorkerUnited

1199SEIU
United Healthcare Workers East
U-000070

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Name	Address	Best Phone	Email
Evelyn Castro	522 Timberline Drive NJ		
TANYA CASANOVA	461 Church Street		
Brianca Triado	916 Windsor St		
MARIA VARGAS	12 ST PAUL STREET, Bound Brook N Jersey		
Richard Saruno	112 Bridgewater NJ		
SHIRLEY ELIZONDO	311 Mountain Ave		
Patricio Santos	502 Union Ave Apt 118		
Jesus Layana	808 Middlesex New Jersey		
ARNETTA Jenkins	92 High St		
Amira DIAZ	306 Union Ave (732) 762-0406		
Sabrina Castro	31 Bridgewater New Jersey		
Stephanie Ramirez	96 Main Street Somerville		
Theresina Hester	14 Sound Brook Rd		
CHRISTINA Reyes	614 Linden Ave Middlesex NJ		
Tamara Alfaro	136 Somerville New Jersey		

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1199SEIU
United Healthcare Workers East
U-000071

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Name	Address	Best Phone	Email
Quelyn Tirado	64 Yonkers NJ	(914) 269-3656	
OLGA TIRADO	314 BEAUMONT AVE NY		
Carmen Jimenez	818 West Farms New York	(718) 422-1924	
SUSAN Garcia	424 North Plainfield NJ		
Jasmine Perez	363 Manville New Jersey		
Magdalena Velez	88 TEANECK NJ		
Eddie Padilla	205 Dominicus Montgomery New Jersey		
Margarita Calderon	464 Manville NJ		
Joselyn	300 North Plainfield NJ		
Manu Castro	441 Maple Ave		
Jeannera Sanchez	39 Jackson Avenue	(732) 422-1416	
Jacklyn Almones	262 Dominicus Rd	(908) 842-5246	
OLGA TABON	328 E 149 St	(718) 589-3222	
Beatrice Jenkins	319 North Plainfield		
ADRIANA Jones	96 Woodbridge NJ		

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1199SEIU
United Healthcare Workers East

U-000072

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Name	Address	Best Phone	Email
Ernesto Lopez		(386) 483-4163	
Christy Caballer		(973) 248-1868	
Bessie Powell	219 Somerset St	Mersey (973) 629-1145	
James Lopez	908 841 2696	914 Cherry Avenue	
Alba Herrera		(908) 342-5799	
Dorothy Schweler	296 Bridgewater	Mersey (908) 468 2333	
VANESSA Bermudez		(908) 469 3696	
Ranella Sanchez		(321) 926 4219	
Jennifer Padilla	82 Johnson St		
Melinda Duz	94 South Bound Brook	908 968-197	
Charlene Martinez	691 Linden Avenue		
CLARA RODRIGUEZ	669 Bound Brook Apts		
DARLENE CABALLERO	364 Somerville	New Jersey	
Kelley Houston	191 Bound Brook Rd		
LINDA ROSTAND	112 Woodbridge	N Jersey	

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1199SEIU
United Healthcare Workers East

U-000073

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Name	Address	Best Phone	Email
Mai Borzovi	29 Middlessex NJ	(732) 392	
Elinor Vasquez	111 Mantua Blvd	(732) 648-2121	4212
Stephanie Ramirez	241 Bridgewater N Jersey		
Arsabella Centron	423 Union Avenue		
Leah Ray	362 Dominion Ct	Montgomery	908 462 9191
VALARIE JACKSON	529 UNION AVE	908 262-	1134
Yvette Castro	239 Hillsborough NJ		
Edwin Sagastuma	941 Easton Ave		
DAISY LaRocco	(732) 492-6262		
Lisa Darrío	(908) 737-1457		
JACKIE QUINONES	908-396-9229		
Nancy Lopez	914 Canal Road		
Destiny Casanova	3130 Maple Avenue	(908) 464-2332	

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1199SEIU
United Healthcare Workers East

U-000074

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Name	Address	Best Phone	Email
Chele Pacheco	951A Village Ln West, NJ 08823		hadayah_64@yahoo.com
Hadiyah Abdullah	73 Bound Brook		
Shamere Jacobs	917 South Bound Brook		shamrjacobs@yahoo.com
Sharon Casanova	164 Maple New Jersey		
Fabio Smith	919 N Plainfield		
Steve Jenkins	216 Somerset St. Karitas, N.J.		
Maria Falcone	883 Southern Blvd		
Mai Landervict	196 South Bound Brook		
Sheryl Diaz	266 Terrel Rd		
Eleanor Jimenez	463 Park Avenue		
Angela Perez	(963) 748-9976		
Jerry Jenkins	(732) 648-9463		
Patrick Maurin	299 (908) 469-8891		
Toya Bermudez	771 Veseller (732) 748-9936		
Barbara Jackson	749 Union Avenue		

See Care One workers speak out at YouTube.com/CareOneWorkerUnited

1199SEIU
United Healthcare Workers East

U-000075

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Name	Address	Best Phone	Email
Joel Ramirez	48 Firhouse	616-523-1774	
Margaret Lanzot	1400 Grandconcourse	908-343-8612	
Jehannie Ruiz	678 Kelly St		Stephanie1@yahoo.com
Carmen Mendez	066 St. Marys	718-568-1256	
Shanice Kasado	500 Union Ave.	432-356-3321	
Maria Perez	191 Maple Ave		
SELVA ALVAREZ	241 South Broad Brook		
Antonio Centron	343 E 149 ST		
SOPHIA CINTRON	343 EAST 149 ST		
Marina Diaz	95 Church St		
James Wright	11 Hillsborough NJ		
Richard Lopez	499 CLIFF AVENUE		
Monica Johnson	Boston Secor NJ 10458		
Sylvia Rios	414 MAIN STREET SOUND VIEW GARDENS		
Sara Ramirez	94 Jackson Ave NJ		
Aurea Rodriguez	363 Middlesex Warehouse C. O		

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1199SEIU
United Healthcare Workers East

U-000076

Our Community Supports Care One Workers

We, the undersigned, call upon Somerset Valley Rehabilitation & Nursing Center and its parent company, Care One, to be a responsible member of our community and ensure residents receive the highest quality care. Somerset Valley/Care One should stop wasting resources on fighting their own caregivers, reinstate all caregivers who were fired for supporting their union, cease violating Federal labor law and treat workers with the dignity and respect they deserve.

Nuestra comunidad apoya los trabajadores de Care One

Nosotros, los abajo firmantes, hacemos un llamado a Somerset Valley Rehabilitation & Nursing Center y su empresa matriz, Care One, para que sea un miembro responsable de nuestra comunidad y asegurar que los residentes reciban la atención más alta de calidad. Somerset Valley/Care One debería dejar de malgastar recursos en la lucha contra sus propios cuidadores, reintegrar a todos los médicos que fueron despedidos por apoyar a su sindicato, dejar violar la ley federal del trabajo y tratar a los trabajadores con la dignidad y el respeto que se merecen.

Kominote Nou an Sipòte Travayè Care One yo

Nou, ki siyen anba la a, mande Somerset Valley Rehabilitation & Nursing Center ak konpayi-mè li a, Care One, pou yo vin yon manm reponsab kominote nou epitou pou asire rezidan yo resevwa pi bon kalite swen an. Somerset Valley/Care One ta dwe sispann gaspiye resous nan batay kont pwòp travayè sosyal yo, reyentegre tout travay sosyal ki te jwenn revokasyon yo poutèt yo t ap sipòte sendika yo, sispann vyole lwa federal travay, epitou tretre travayè yo avèk diyite ak respè yo merite.

Name	Address	Best Phone	Email
Melissa Sanchez	21 Betsy Ross CT		
Luis Diaz	150 Grand Concourse		
Shanice Casanova			
Anthony Ariaga	3132 Waltham Ave.		
Wilson Baez	3505 Wilson Ave.		
Samantha Perez	2424 Crotona Ave.		
Maria Quinones	416 Somerset Street	(732) 393-2796	
MARIE DE SANTOS	49 Woodbridge N Jersey		
William Casanova	42 Bridgewater N J	(908) 264-9292	
Joanne Rodriguez	41 Tinton N.Y.	(118) 589-3559	
Lynn Jackson	260 North Plainfield		
Cindy Guleta	124 CHERRY AVENUE	(732) 162-090	
Trigé rosado	522 UNION AVENUE	732 468 991	
Tina Luzara	160 South Bound Brook N.J.		

See Care One workers speak out at YouTube.com/CareOneWorkerUnited

1199SEIU
United Healthcare Workers East

U-000077

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Nou, ki siyen anba la a, mande Somerset Valley Rehabilitation & Nursing Center ak konpayi-mè li a, Care One, pou yo vin yon manm responsab kominote nou epitou pou asire rezidan yo resewa pi bon kalite swen an. Somerset Valley/Care One ta dwe sispann gaspiye resous nan batay kont pwòp travayè sosyal yo, reyentegre tout travay sosyal ki te jwenn revokasyon yo poutèl yo l ap sipòte sendika yo, sispann vyole lwa federal travay, epitou trete travayè yo avèk diyite ak respè yo merite.

Name	Address	Best Phone	Email
Lynnes Rivera	201 Church St		
DESTINY COAT	13 EAST MAIN ST Bound Brook		
SHERY HOOPER	491 CHERRY AVE		
Elizabeth Cruz	149 Street Henry NY 10458		
Melvin Jazzen	102 Woodbridge Nj		
Juan Zuleta	19 Timberline Drive Bridge Water N Jersey		
TERRY LOPEZ	233 W 147 ST	718 589 3529	
Nelly Castro	342 Brigeton NJ (732)	629-1424	
Mayer Rodriguez	22 Bound Brook Apts		
Norma Jiminez	5 Bound Brook Apts		
PATRICIA CRUZ	155 Yosseller Ave		
Cheryl Perez	319 Mountain Ave	732 648 5750	
Ann Marie	550 Johnson St South Bound Brook		
GABRIELLA DIAZ	19 TIMBERLINE Drive		
NOEL CASSANOVA	422 Union Avenue		

See Care One workers speak out at [YouTube.com/CareOneWorkerUnited](https://www.youtube.com/CareOneWorkerUnited)

1199SEIU
United Healthcare Workers East

U-000078

"I was fired for standing up for my residents!"



"I've worked hard to care for my residents for the past 11 years. We decided to form a union here at Somerset for better staffing so that we could improve care for our residents and have better working conditions. I think that the union and management could work together to make Somerset a better nursing home. In this difficult economy, it's a shame that management would intimidate and fire caregivers illegally instead of working together to make improvements."

-Jillian Jacques, LPN

On February 8th, Jillian Jacques was fired from Somerset after 11 years of dedicated service. In September, caregivers at Somerset Valley Rehabilitation and Nursing Center voted for union representation in an election conducted by the National Labor Relations Board, a federal government agency. But nursing home administrators refused to accept the outcome of the election and spent countless resources on high-priced out-of-state lawyers trying to overturn the workers' decision. Right after the election, Somerset administrator

Doreen Illis fired, disciplined and cut the hours of almost a dozen vocal union supporters. A National Labor Relations Board Hearing Officer rejected Somerset's challenges to the workers' election victory and the Board is prosecuting charges against Somerset for unlawfully retaliating against workers.

But this hasn't stopped Somerset from lashing out at caregivers. Our loved ones can't afford to lose dedicated nurses like Jillian Jacques.

Tell Somerset Administrator Doreen Illis to focus on providing the best care for our loved ones instead of intimidating caregivers.

Call her at (908) 907-3384

1199SEIU
United Healthcare Workers East

Petition

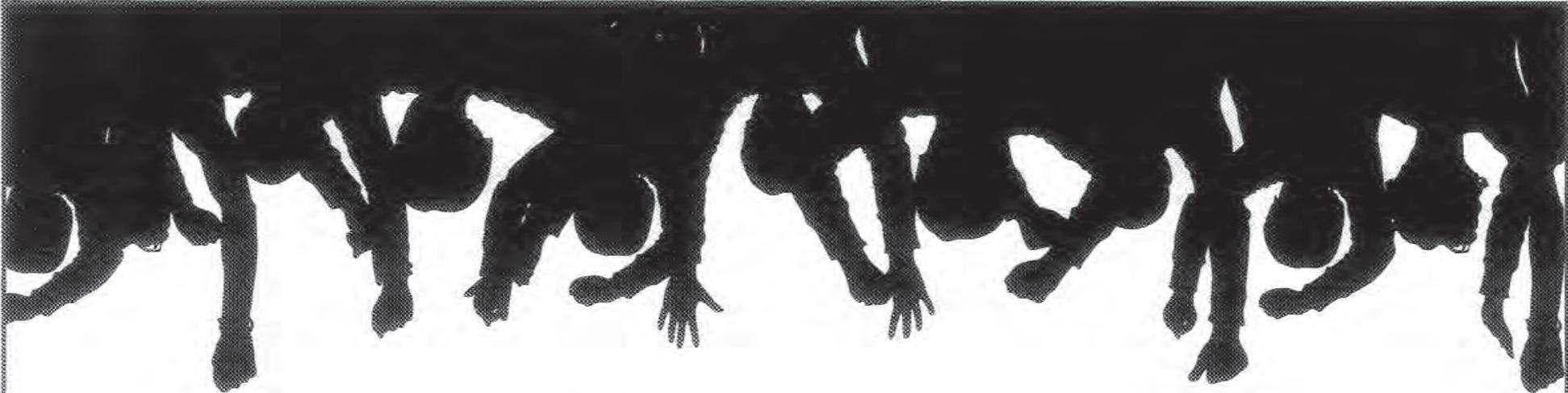
PLAINTIFF'S EXHIBIT	NO. 1199SEIU
CASE NO.	CA1199SEIU
EXHIBIT NO.	18

Our Victory is Official!

PLAINTIFF'S EXHIBIT	W
CASE NO.	Gill 2006/MLC
EXHIBIT NO.	P10

Last week, the National Labor Relations Board certified 1199SEIU as our collective bargaining agent. Care One Somerset has done everything they could think of to keep us from uniting together. They refused to accept our union victory and filed objections to stop us from moving forward. But now the Labor Board has issued a final decision. Care One has no more appeals.

WE WON!



Relations

Our Victory is Official!

It's been a long battle — caregivers have been fired, intimidated and unfairly disciplined. But now we're finally getting justice, and we have a united union voice to create a better future for ourselves and our residents.

Now we can move forward with negotiating a union contract with guaranteed improvements and getting illegally fired caregivers back to work!

For More Information,

Contact Brian Walsh at (732) 646-1657

For Our Residents, For Our Families, For Each Other

Care One Workers for Unity
1199SEIU New Organizing
New Jersey Region
555 Route One South
Iselin, NJ 08830

RETURN SERVICE REQUESTED

1199SEIU
United Healthcare Workers East

Labor Board Issues Complaint Against Somerset For Refusing To bargain With Our Union.

Our Union, 1199SEIU, was certified by the National Labor Relations Board as the collective bargaining representative for caregivers at Care One Somerset. But Care One Somerset continues to refuse to recognize the results of our democratic election.

We asked management at Somerset to come to the table to negotiate a union contract but they were unwilling to sit down with us. We were forced to take our case to the National Labor Relations Board. The National Labor Relations Board has issued a complaint against Care One Somerset for refusing to bargain with us.

For more information, contact Brian Walsh at (732) 646-1657



1199SEIU
United Healthcare Workers East

Care One Workers for Unity
555 Route One South
Iselin, NJ 08830

Tell management at Somerset to do the right thing—recognize our
Union and negotiate a contract so that caregivers and management
can work together to make Somerset the best place to work and to
receive care.

NOTICE OF DISCIPLINARY ACTION

EMPLOYEE INFORMATION

Name: William Jacques
Job Title: LPN

Facility: SVRNC
Date of Hire: 11/30/99

Prior Disciplinary Notices in File: (include date and nature)

_____ *JS*

TYPE OF VIOLATION

- Dress Code
- Performance
- Behavior
- Inappropriate Behavior
- Absenteeism/Tardiness
- Patient Care
- Resident Rights
- Refusal to Perform Assigned Task
- Other: _____

DESCRIPTION

Date: _____ Time: _____

Specific Description of Issue, Situation or Behavior (what, where, how): On 11/10/99 a resident
was admitted to your care and was not assessed
for pain whilst adversely affected the resident's care
This is a violation of SVRNC PEP and does not meet the
standard of care. Further violations will be subject to
EMPLOYEE RESPONSE disciplinary action

I agree
 I disagree for these reasons: _____

ACTION TO BE TAKEN

- Documented Verbal Notice
- Written Notice
- Suspension for _____ days to start on _____ (date) and return to work on _____ (date).
- Does this Disciplinary Action Constitute Final Warning: Yes No

Further problems of any kind may lead to further disciplinary action up to and including termination of employment.

Employee's Signature: _____ Date: 11/2/99
 Signature is merely in acknowledgement that this matter was discussed and does not indicate agreement.

Employee Refused to Sign (Requires Witness Signature)

Supervisor's Signature: William Jacques Date: 11/2/99

Department Head/Administrator: William Jacques Date: 11/2/99
 Witness Signature: Robert L. Schell Date: 11-2-99





State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES
PO BOX 358
TRENTON, N.J. 08625-0358

CHRIS CHRISTIE
Governor
KIM GUADAGNO
Lt. Governor

www.nj.gov/health

IMPORTANT NOTICE - PLEASE READ CAREFULLY

POONAM ALAICH, MD, MSH-CPM, FACP
Commissioner

January 7, 2011

Re: Initial Notice
Recertification Survey: December 16, 2010

Doreen Illis, Administrator
Somerset Valley Rehabilitation And Nursing Center
1621 Route 22 West
Bound Brook, NJ 08805

Dear Ms. Illis:

The findings of the above survey conducted by the New Jersey Department of Health and Senior Services (Department) indicate that your facility is not in compliance with the Federal requirements for nursing homes participating in the Medicare and/or Medicaid programs. The most serious deficiency includes widespread findings that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Box F on the scope and severity grid). All deficiencies cited on the enclosed CMS-2567 require immediate correction. If you wish to dispute the existence of any of the cited deficiencies, you may do so through the informal dispute resolution process, which is described more fully below. If other surveys have been conducted recently at your facility, any information, including proposed remedies, concerning those surveys will be sent to you by separate notice.

This letter will advise you of actions taken by the Department and being recommended to the Centers for Medicare and Medicaid Services (CMS) as a result of the deficiencies cited on this survey. In addition to mandatory remedies required by federal regulations, the Department has the discretion to recommend that CMS impose additional remedies based on the scope and severity of the cited deficiencies and the history of compliance of the facility or a related

Exh. No: 37 Received Rejected
Case No.: 22-CM-29599 et al
Case Name: Somerset Valley Rehab
No. Pgs: Date: 5-31-11 Rep.:



chain of facilities. Mandatory remedies as well as any additional remedies we are recommending are set forth in detail below.

Informal Dispute Resolution: (42 CFR §488.331)

The informal dispute resolution process permits one opportunity to contest the validity of the cited deficiencies. If you wish to participate in the informal dispute resolution process, you must, within ten calendar days from your receipt of this letter (this time limit shall be strictly enforced), send an original and ten (10) copies of the following: a written request for informal dispute resolution, a copy of the CMS-2567 form, a list of the specific deficiencies being disputed, an explanation of why each deficiency is being disputed, and any supporting documentation to:

Office of Director, Program Compliance and Health Care Financing
New Jersey Department of Health and Senior Services
P.O. Box 358, Trenton, New Jersey 08625-0358
(609) 609-6333-9547

All submitted material must be highlighted to indicate only that information which is relevant to the disputed deficiencies. The informal dispute resolution process will not delay the effective date of any enforcement action.

Plan of Correction (POC): (42 CFR §488.402)

Notwithstanding your option to participate in the informal dispute resolution process, you must submit a Plan of Correction (POC) for the deficiencies cited on the enclosed CMS-2567 within ten calendar days after receipt of this letter. This POC will serve as your allegation of compliance. On the basis of your allegation, we may presume compliance until substantiated by revisit or other means. The POC should be sent to Patricia S. Guner, at:

Office of Program Manager
Assessment and Survey
New Jersey Department of Health and Senior Services
P.O. Box 367, Trenton, New Jersey 08625-0367

Please note that POCs will not be accepted by fax. Failure to submit an acceptable POC within the mandated time frame may result in the imposition of civil money penalties of \$100 per day.

Your POC must contain the following:
What corrective action(s) will be accomplished for those residents affected by the deficient practice;

How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;

What measures will be put into place or what systemic changes you will make to ensure the deficient practice will not recur, and,

How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.

Do not include information that will identify specific residents, family members, or facility staff, such as names or room numbers.

If you intend to use a computer or word processing format to print the POC, the Department requests the following:

The original 2567 face sheet be completed with the allegation of compliance date and administrator's signature.

The POC for each discrete tag number be attached behind the 2567 page(s) of deficiency text.

The completion date for the correction of each deficiency be shown at the right margin at the beginning of the POC text or at the end of the POC text.

Each page of the POC text should be identified with the citation tag number.

Mandatory Remedies:

If substantial compliance with all participation requirements has not been achieved within three (3) months of the date the facility was first out of substantial compliance, CMS and/or the Department must deny payment for all new admissions (42 CFR §488.417(b)(1)). This shall become effective 15 days after notification by CMS. Moreover, if substantial compliance has not been achieved within six (6) months of that date, CMS/the Department will terminate your provider agreement (42 CFR §488.450(d)).

Your facility was first out of compliance on December 16, 2010, and that is the date your enforcement cycle began.

Federal Remedies Only:

This letter refers only to enforcement of federal remedies based on federal law. If any state enforcement action applies, you will be notified in a separate letter.

Somerset Valley Rehabilitation And Nursing Center
Page 4

If you have any questions regarding the contents of
this letter, please contact the Office of Program Compliance
at (609) 984--8128.

Sincerely,



Deborah J. Gottlieb, Director
Program Compliance &
Health Care Financing

DJG:VF:dj
Enclosure
Control # 11008/7MX711

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

PRINTED: 01/04/2011
FORM APPROVER:
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/16/2010
--	--	--	--

NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 ROUTE 22 WEST BOUND BROOK, NJ 08805
---	--

(X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION	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	F 000		
	Standard Survey 12/16/10			
	Census 48			
	Sample Size 12 + 5 = 17			
F 164	Complaint #'s NJ00044324 & NJ00044007	F 164		
SS=0	483.10(e), 483.75(i)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS			

The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.

Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.

Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.

The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.

The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.

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

[Signature] *Annichero* 1/22/11

TITLE DATE

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that after 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

316002

(X2) MULTIPLE CONSTRUCTION
A. BUILDING _____
B. WING _____

(X3) DATE SURVEY COMPLETED

12/16/2010

PRINTED: 01/04/2011
FORM APPROVER
OMB NO. 0938-039-

NAME OF PROVIDER OR SUPPLIER

SOMERSET VALLEY REHABILITATION AND NURSING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
1621 ROUTE 22 WEST
BOUND BROOK, NJ 08805

(K4) 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 REFERENCED TO THE APPROPRIATE DEFICIENCY)

(S5) COMPLETION DATE

F 164 Continued From page 1

F 164

1. This REQUIREMENT is not met as evidenced by:
Based on observation and interview, it was determined that the facility failed to provide visual privacy during care. This deficient practice was identified for Resident # 8 and Resident #14, 2 of 5 residents reviewed for privacy concerns. This deficient practice was evidenced by the following:

1. The surveyor reviewed the medical record for Resident # 14 who was admitted to the facility on 4/26/10 with a diagnosis of Syncope, Dementia and Anxiety. The Admission Minimum Data Set (MDS-an assessment tool) dated 5/3/10 and the Quarterly MDS dated 10/18/10 revealed that the resident did not suffer from any cognitive deficits.

On 12/13/10 at 1:20 p.m., Resident # 14 was observed sitting in a wheelchair in the day room, watching TV and talking with another resident. The resident was approached by a Nurse Practitioner who proceeded to interview the resident concerning pain and examine the resident which included listening to the resident's heart with a stethoscope. This examination took place in the public day room/dining room. No privacy was afforded this resident for the examination by the Nurse Practitioner.

2. Resident # 8 was interviewed on 12/15/10 at 9:25 a.m. This resident had been identified as an alert and oriented resident by the facility and was also selected by the facility to be in attendance at the group meeting conducted on 12/14/10 at 10:00 a.m. During the interview on 12/15/10 the resident stated that his physician didn't speak to him privately when he came to see him in the

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

PRINTED: 01/04/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

315002

(X2) MULTIPLE CONSTRUCTION
A. BUILDING _____

B. WING _____

(X3) DATE SURVEY
COMPLETED

NAME OF PROVIDER OR SUPPLIER

12/16/2010

SOMERSET VALLEY REHABILITATION AND NURSING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
1021 ROUTE 22 WEST
BOUND BROOK, NJ 08805

(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 164 Continued From page 2
facility. The resident stated "he just talks to you wherever he finds you, there ain't no privacy."

F 164

F 167 NJAC 8:39-4.1 (a) 16
483.10(g)(1) RIGHT TO SURVEY RESULTS -
SS=C READILY ACCESSIBLE

F 167

A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.

The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.

This REQUIREMENT is not met as evidenced by:

Based on observation and interview, it was determined that the facility failed to have the latest survey results in an area accessible to residents and visitors without having to ask someone for them. This was reported by 6 of 6 residents at the group meeting.

The deficient practice was evidenced as follows:

1. On 12/14/10 at 11:00 a.m. during the Group Meeting, the residents were asked if they were aware that they could review the most recent survey results. Six of 6 residents that attended the interview did not know that they could review the latest survey results. They also stated they did not know where they were kept.

2. On 12/16/10 at 10:45 a.m., a sign was

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/16/2010
NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 ROUTE 22 WEST BOUND BROOK, NJ 08805	
(X4) ID PREFIX TAG 1	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)
F 167	Continued From page 3 observed in the hallway of the facility hanging low on a bulletin board. The sign read "the survey results are located in the lobby." The surveyor was unable to locate the survey results. The surveyor asked the receptionist where the survey results were kept. She looked around and pulled out a binder from a row of binders atop a tall filing cabinet which was located behind her reception desk. There was a label on the front of the binder identifying the binder as the survey results however, there was no label on the spine of the binder which was visible when the binder was positioned in a row of other binders. The binder was out of reach for most residents and behind the reception desk which was an area not accessible to residents and visitors without the assistance of facility staff.	F 167	
F 225 SS=D	NJAC 8:39-4.1 (a) 34 483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS	F 225	
<p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law, or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property, and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported</p>			

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

PRINTED: 01/04/201
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/16/2010	
NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 ROUTE 22 WEST BOUND BROOK, NJ 08805			
(X4) ID PREFIX TAG F 225	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 Immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification 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: Based on interview and record review and review of the abuse prevention policy, it was determined that the facility failed to ensure that the administrator was immediately notified of an alleged incident of physical abuse and the administrator failed to begin an investigation upon initial notification of the incident in accordance with federal regulations and the facility policy for Resident #9, 1 of 3 residents reviewed for the prevention of abuse and neglect. This deficient practice was evidenced by the following: On 12/14/10, the surveyor reviewed the medical record of Resident #9 who was assessed by the facility as being cognitively impaired. On 12/15/10 at 11 a.m., the surveyor observed Resident #9 in bed. The resident made eye		ID PREFIX TAG F 225	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

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: 315002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/16/2010
NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1621 ROUTE 22 WEST BOUND BROOK, NJ 08005	
(X4) ID PREFIX TAG F 225	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 225 Continued From page 5 contact with the surveyor but did not respond to the surveyor's simple comments and questions. The 10/27/10 quarterly Minimum Data Set (MDS assessment too) identified that Resident #9 had cognitive deficits. While reviewing the facility's abuse prevention protocol on 12/14/10, the surveyor reviewed an alleged violation of abuse to evaluate how the facility responded to such allegations. On 11/13/10 there was an allegation of abuse involving Resident #8. The facility's "Investigational Summary" documented that when CNA #2 was doing rounds when she came on duty at on 11/13/10 at 12 noon, Resident #9 told her that the CNA #1 who just went off duty had "hit her and slammed her against the wall." The report further stated that CNA #2 saw a bruise mark on the resident's right thumb and "notified the nursing supervisor." The nursing supervisor told CNA #2 to tell the nurse at the desk. The Investigative Summary documented that at 7:30 p.m., Resident #9 complained of right thumb pain. The nurse documented that "increased redness and swelling was present." At 8 p.m., the nurse notified the physician and received an order for an x-ray. The x-ray was negative for fracture. On 12/14/10 at 2 p.m., the Director of Nurses (DON) told the surveyor that the nursing supervisor on duty on 11/13/10 told CNA #2 to tell the nurse about the resident's allegation of abuse. The supervisor had not notified the Administrator or taken any action to initiate an investigation or protect the resident from any further abuse. The DON told the surveyor that the nursing supervisor of 11/13/10 had been a "per diem" (fill in) supervisor and has not worked	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

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NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 ROUTE 22 WEST BOUND BROOK, NJ 08805	
(X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	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 REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

F 225 Continued From page 6

F 225

again in the facility. The Administrator told the surveyor that she had called the nursing supervisor in an attempt to further investigate the allegation but the nurse had never returned the call. Therefore the per diem supervisor was not allowed to return to work in the facility.

The Administrator's investigation of November 15, 2010 stated, "At 8:05 a.m. upon opening up my office there was a note slid under my door. It was from CNA (#2) who wrote "I need to speak with you, its very important." The Administrator's summary also continued to state that "on Sunday 11/14/10, I received a text message from Recreation Assistant...who said CNA #1 was nervous about an incident that happened. When I replied back what kind of incident she responded abuse with (Resident #9)???. After this, I texted (the DON) to see if anyone had called her to report this. She responded no but would call the Center to follow up."

The facility's Abuse Prevention policy states "The facility will ensure that all alleged violations are reported immediately to the Administrator of the facility and other officials in accordance with state law." The facility policy also stated "Critical components of any investigation include: The thoroughness of the initiation of the investigation; The thoroughness of the investigation; The objectivity of the investigator.

The Administrator was not notified immediately at the time the incident was first reported to a staff member at 12 noon on 11/13/10. The Administrator failed to initiate an investigation upon receiving the text message on 11/14/10. It was not until the Administrator received the note under her door at 8 a.m. on 11/15/10, 2 days after

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NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1621 ROUTE 22 WEST BOUND BROOK, NJ 08805		
(X4) ID PREFIX TAG F 225	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG F 225	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 225	Continued From page 7 the incident was first identified, that the investigation was initiated. The facility failed to abide by its Abuse Prevention policy and federal regulation when the allegation of abuse was not #1 had been terminated and the nursing supervisor was not permitted to return to work in the facility.	F 225		
F 241 SS=E	N.J.A.C. 8:39-4.1(a)5 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY	F 241		
	The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.			
	This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined that the facility failed to provide care to residents in a manner which preserved the dignity of Resident #6, #4, and #7 who were 3 of 14 residents surveyed for dignity.			
	The deficient practice was evidenced as follows:			
	1. On 12/15/10 at 10:27 a.m. in the presence of the Physical Therapist, Resident #5, who was legally blind with the right eye in a constant closed position, was observed with bright white dried toothpaste on the forehead above the left eye, on the bottom lip, and on the pants. The Physical Therapist told the resident that it was there and the resident stated "oh, my aid helped me brush my teeth this morning and we had a horrible time. I'm a mess, my shirt is all wet. I'm having guests			

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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) COMPLETION DATE

F 241 Continued From page 8

F 241

from out of town today. When they get a look at me, they are going to wonder what happened to me". The Physical Therapist wiped it off of the resident's face and offered to change the resident's clothes.

The Administrative staff were made aware of the above on 12/15/10 at 2:00 p.m. On 12/16/10 at 12:00 p.m, the Administrative staff responded that the resident was left with a tissue in her hand by the C.N.A. (Certified Nursing Assistant) and the resident could have wiped the toothpaste off her face herself. No reason given as to why the resident was left in that condition when she was unable to see herself.

2. Resident #4 had diagnoses of Downs Syndrome and Mental Retardation. The resident was deaf with severely impaired vision as well. On 12/13/10 at 2:00 p.m., Resident #4 was observed in the activity room sitting in a wheelchair among other residents. Resident #4 was wearing a shirt but had no pants on. There was a hospital gown tucked around the resident's waist and bottom and a sheet lying on the floor at the resident's feet. The Activities Director was asked why the resident had no pants on and she stated that the resident's pants were being laundered. On 12/14/10 at 10:40 a.m., Resident #4 was observed being wheeled in a wheelchair by a C.N.A. from the resident's room into the hallway wearing a shirt and boxer shorts. The surveyor asked the C.N.A. and Nurse why the resident wasn't wearing any pants. They stated that Resident #4 didn't have any. They were shown the resident's property sheet from the medical record which had listed 3 pairs of slacks which were brought into the facility on 12/8/10. The resident's laundry was sorted and there was

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NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 ROUTE 22 WEST BOUND BROOK, NJ 08805		
(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 REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 241	Continued From page 9 only 1 pair of pajama pants but no other bottoms. The C.N.A. looked in all of the resident's drawers but there were no pants found. The C.N.A. tucked a blanket around the resident's waist and legs and wheeled the resident out of the room in the wheelchair. The Social Worker was questioned that same day at 10:55 a.m. and she stated that the staff from the home the resident came from preferred to launder the resident's clothes so that could be the reason for the lack of clothing. She told the surveyor that she could call and make arrangements for the facility to launder the resident's clothes instead. At 11:55 a.m. the Social Worker approached the surveyor to report that the staff had found 5 pairs of pants in the resident's upper cupboard and that Resident #4 had a pair on now. The resident was then observed wearing a pair of black pants. The Administrative Staff were made aware of this on 12/16/10 at 2:00 p.m. There was no additional information provided regarding this issue.	F 241		
F 253 SS=D	3. Resident # 7, a cognitively impaired resident, was scheduled to receive an ophthalmic multivitamin, Preservision, at 1 a.m. every night from 9/13/10 through 11/30/10. During interviews with the Director of Nursing and the Assistant Director of Nursing on 12/14/10 at 1 p.m. and 1:15 p.m. respectively, neither could explain why the resident needed to be awakened during the night for a multivitamin. NJAC 8:39-4.1 (a) 12 483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES	F 253		
The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.				

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NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 ROUTE 22 WEST BOUND BROOK, NJ 08805	
(K4) ID PREFIX TAG F 253	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG F 253	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)

F 253 Continued From page 10

F 253

This REQUIREMENT is not met as evidenced by:

Based on surveyor's observation and staff interviews on 12/15/10, it was determined that the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary and comfortable environment as evidenced by the following:

1. At 10:05 a.m., the surveyor observed a vinyl floor tile in the lobby rest room #1 damaged with pieces missing.
2. At 10:14 a.m., the surveyor observed that the bath area near resident room 18 had a 3-foot lower section of the ceramic wall tiles broken and the grout appeared heavily soiled.
3. At 10:19 a.m., the surveyor observed the wall above the cove base in resident rest room 15 was damaged. The blue paint was missing leaving a black mark on the wall. The same condition was observed on the wall by the 1st bed.
4. At 10:25 a.m., the surveyor observed a large section of floor carpet in the lobby area of the MDS office was frayed and ripped. When interviewed at this time, the facility's Administrator stated that a nurses station had been there and removed some time ago. The surveyor observed 24-feet of frayed and ripped carpet in the area.
5. At 10:30 a.m., the surveyor observed a wooden threshold between the toilet area and the shower in resident rest room 5. When the surveyor ran his hand across the threshold, the screws were observed to have sharp heads on them. The surveyor also observed a 4-inch crack in the top

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F 253 Continued From page 11
portion of the right window in the room.

F 253.

6. At 10:34 a.m., the surveyor observed the plaster wall behind the toilet in resident rest room 30 had 2 areas falling off, a 1-inch and a 4-inch area.

7. At 10:38 a.m., the surveyor observed a 6-inch by 6-inch section of ceramic wall tile behind the sink in the bath by resident room 20 was missing. A rusty color was now observed where the tiles had been.

NJAC 8:39-31.2(e)
F 279 483.20(d), 483.20(k)(1) DEVELOP
SS=D COMPREHENSIVE CARE PLANS

F 279

A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.

The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.

The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).

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(X4) ID PREFIX TAG F 279	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG F 279	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

F 279 Continued From page 12
This REQUIREMENT is not met as evidenced by:

Based on observation, interview and record review, it was determined that the facility failed to develop individualized care plans with appropriate and meaningful interventions for Residents #1 and #4, 2 of 15 residents reviewed for appropriate care plans. This deficient practice was evidenced by the following:

- 1 - Resident #1 was admitted to the facility on 12/8/10. During the initial tour of the facility on 12/13/10 at approximately 10 a.m., the resident was heard yelling "I need a candy" over and over again. When the surveyor entered the room at 10:10 a.m. the resident stated "I love you, what's your name, you're beautiful." She repeated this several times, even after the surveyor answered her several times.

During the interview with the resident's daughter later that day the surveyor was informed the resident suffered from short term memory loss. The only person the resident recognized was her daughter, even though staff members and the surveyor continually told the resident their names. Upon review of the resident's care plans, the following was noted: Falls secondary to mental confusion - "call bell within reach, orient to surroundings and reinforce safety teaching." The resident's care plan for skin integrity had the following interventions: "encourage resident to reposition, instruct resident on importance of repositioning and relieving pressure on affected area." The resident's care plan for potential for dehydration related to diuretic therapy had an intervention of "instruct resident on importance of adequate fluid intake." These interventions were not appropriate in light of the resident's cognitive status.

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NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1621 ROUTE 22 WEST BOUND BROOK, NJ 08805	
(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)	(N5) COMPLETION DATE
F 279	Continued From page 13 2. Resident # 4 had diagnoses of Downs Syndrome, Mental Retardation, and hearing impairment. The resident was unable to respond to questions, didn't know sign language, and was unable to use the facility's communication board. The resident was identified as having pain from a new gastric feeding tube which was recently placed in the stomach. Resident #4 had a care plan for pain dated 11/23/10 with an intervention listed to assess pain on a scale of 1-10, document every shift and "as needed". The facility uses 3 different pain scales. However, the particular pain scale intended to be used for this resident based on this resident's specific condition was not listed on the care plan and therefore nurses were not consistently using the same assessment tool to determine Resident #4's level of pain. Please refer to F309. N.J.A.C.8:39 11.2(e)2	F 279		
F 281 SS=E	483.20(K)(3)(I) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to accurately transcribe medical information in the resident's medical record for Residents #1, #9 and #13, 3 of 15 current residents. This deficient practice was evidenced by the following: 1. Resident #1 was served Glucerna, a nutritional supplement, with each meal. A review of the resident's Physician Order Sheet revealed no order for this supplement. On 1/16/10 at 1:30	F 281		

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NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1021 ROUTE 22 WEST BOUND BROOK, NJ 08805	
(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 281	Continued From page 14 p.m. the Dietitian told the surveyor that the resident's daughter was supplying the supplement. 2. Resident #13's admitting face sheet indicated an allergy to Acetaminophen with Codeine compound (Tylenol #3). The initial Physician Order Sheet had an order for Tylenol #3. On 12/14/10 at 11:30 a.m., a representative from the pharmacy told the surveyor that the supervisor had called the facility and spoke to the physician who then checked with the resident's physician. The physician stated the resident had taken Tylenol #3 at home and therefore could receive the medication. The inconsistency with the Allergy Alert and the medication being administered was not clarified. When this was brought to the attention of the DON, the supervisor was called and stated this information was written in the 24 hour report but had never been documented in the resident's medical record. 3. Resident #2 had a physician's order written on 12/6/10 to increase carbodopa/levodopa 25/100 from ½ tablet 3 times a day to one whole tablet 3 times a day. This order was never identified by the staff. The order was never transcribed onto the medication administration record (MAR) nor was it ever ordered from the pharmacy. This resulted in the resident receiving the wrong dose of medication for 8 days. Refer to F333 N.J.A.C. 8:39 - 29.2 (d) N.J.A.C. 8:39 - 11.1	F 281		
F 309	483.25 PROVIDE CARE/SERVICES FOR SS=D HIGHEST WELL BEING	F 309		
Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical,				

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(X4) ID PREFIX TAG F 309	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG F 309	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)
	Continued From page 15 mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.		
	This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to correctly and consistently assess the pain of a resident who was mentally and physically impaired and unable to speak. This deficient practice was identified in Resident # 4 who was 1 of 11 residents reviewed for pain and was evidenced by the following: On 11/22/10, Resident # 4 was admitted to the facility for short term stay after having a gastric tube (g-tube) surgically implanted into the stomach. The Resident had diagnoses of Downs Syndrome, Mental Retardation, and was deaf and visually impaired. The resident was unable to communicate but was identified as being at risk for pain due to the new g-tube placement. The resident had a care plan dated 11/23/10 intended to address pain. An intervention listed was to assess pain using a scale of 1-10 and document every shift and as needed. During the initial tour on 12/13/10 at 10:00 a.m., the resident was heard making moaning sounds. The nurse said that the resident had just been given Tylenol 650 m.g. On 12/14/10 at 10:00 a.m., the resident again was heard making moaning sounds and was given Tylenol 650 m.g. by the nurse.		
	The medical record was reviewed ON WHAT		

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NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1621 ROUTE 22 WEST BOUND BROOK, NJ 08805	
(X4) ID PREFIX TAG F 309	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG F 309:	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)
	<p>F 309 Continued From page 17</p> <p>the resident's primary nurse used the scale that way also. The facility's pain policy described that the face scale should be used with a confused resident and that the pain evaluation in advanced dementia (PAINAD) scale should be used for those resident's who were unable to communicate.</p>		
	<p>On 12/15/10 at 2:00 p.m., the Administrative Staff were made aware of the above findings. The Director of Nursing and Regional Nurse both admitted that the nurses were using the wrong pain scale and were using it incorrectly. They stated that the faces scale was to be used for a resident who could look at the faces and point to the face that best described the way they felt and the number under the particular face that the resident pointed to would be the resident's pain rating. Resident # 4 could not do that and should have been evaluated using the advanced dementia (painad) pain scale. This was not being done and the resident's pain was not being assessed consistently among all staff members.</p>		
	<p>The resident's interdisciplinary care plan did not identify which pain scale was to be used. The pain management flow sheet had two different pain scales checked, and at least two nurses were using the pain scale incorrectly.</p>		
	<p>On 12/16/10 at 11 a.m., the Director of Nursing provided the survey team with a copy of in servicing that had begun 12/15/10 teaching the nurses how to correctly choose a pain scale in order to appropriately evaluate a resident's pain. She also provided a copy of the revised care plan where they added "utilize PAINAD scale" on the list of interventions.</p>		

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STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

315002

(X2) MULTIPLE CONSTRUCTION
A. BUILDING _____

B. WING _____

(X3) DATE SURVEY
COMPLETED

12/15/2010

NAME OF PROVIDER OR SUPPLIER

SOMERSET VALLEY REHABILITATION AND NURSING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
1821 ROUTE 22 WEST
BOUND BROOK, NJ 08805

(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

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F 309

F 312 NJAC 8:39-19.1 (a)
483.25(a)(3) ADL CARE PROVIDED FOR
SS=D DEPENDENT RESIDENTS

F 312

A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.

This REQUIREMENT is not met as evidenced by:

Based on observation and interview, it was determined that the facility failed to provide resident assistance with toileting in a timely manner. This deficient practice was identified for Resident # 2, 1 of 3 residents reviewed for urinary continence as evidenced by the following:

The surveyor reviewed the medical record for Resident # 2 who was admitted to the facility on 11/14/10 with diagnoses of Meningitis and Urinary Retention. The Admission Minimum Data Set (MDS-an assessment tool), dated 11/14/10 revealed the resident was totally dependant and required the physical assistance of 2 persons for toileting.

On 12/15/10 at 1:15 p.m., during an interview with Resident #2's family member, the family member stated that the resident had to wait too long to get assistance to the bathroom. The resident did not soil herself, but did lose the urge to void and move her bowels because the staff did not provide assistance in a timely manner. The family member further stated that at one time on a weekend, Resident # 2 had waited for at least 1 hour before assistance was provided.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 318002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/16/2010
NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 ROUTE 22 WEST BOUND BROOK, NJ 08806		
(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 REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 312	Continued From page 19	F 312		
	On 12/16/10 at 1:00 p.m., the surveyor interviewed the Certified Nursing Assistant (CNA) assigned to Resident #2. The CNA stated that the resident required the assistance of 2 staff to transfer to the toilet using a mechanical lift which caused about a 20 minute delay in getting the resident to the toilet.			
	NJAC 8:39-17.3(c)			
F 323	483.25(h) FREE OF ACCIDENT	F 323		
SS=D	HAZARDS/SUPERVISION/DEVICES			
	The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.			
	This REQUIREMENT is not met as evidenced by: Based on surveyor's observation on 12/15/10, in the presence of facility management, it was determined that the facility failed to provide a safe, hazard-free environment for all residents. This deficient practice is evidenced as follows:			
	1. At 10:23 a.m., the surveyor observed the nurse call cord was wrapped around the grab bar in resident room 10.			
	2. At 10:25 a.m., the surveyor observed the nurse call cord was wrapped around the grab bar in resident room 8.			
	3. At 10:27 a.m., the surveyor observed the nurse			

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F 323 Continued From page 20

call cord was tied around the grab bar in the training toilet area in the physical therapy department.

4. On 12/13/10 at 11 a.m., the surveyor observed an area where a nurse's station had been. The area had uneven flooring and frayed edges on the perimeter of the carpeting. The surveyor observed a resident who was wearing a plastic abdominal brace ambulating with a rolling walker over the uneven flooring and frayed carpeting in order to get weighed by a staff member. The scale was located to the back of the frayed carpet causing residents to ambulate over the uneven flooring and frayed edges of the carpet in order to get weighed.

F 323:

NJAC 8:39-31.2(e)
F 325 483.25(d) MAINTAIN NUTRITION STATUS
SS=D, UNLESS UNAVOIDABLE

F 325:

Based on a resident's comprehensive assessment, the facility must ensure that a resident -
(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and
(2) Receives a therapeutic diet when there is a nutritional problem.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, it was determined the facility failed to assess the nutritional needs of Resident #1 and

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F 325	Continued From page 21	F 325	
<p>#10, 2 of 15 residents reviewed for adequate parameters of nutrition as evidenced by the following:</p> <p>1. Resident #1 was admitted to the facility on 12/8/10 with oral thrush and dementia as some of the admitting diagnosis. The resident's admitting weight was 130 pounds. A care plan was established for poor intake and weight loss. The goal for this care plan was "Intake should average greater or = 75% of most meals and supplements. Weight should remain stable 103-135 pounds." The interventions included "provide direct assistance with eating" and "supplements - Hi Cal 120 ml (milliners) three times a day with med pass and multi vitamin." The surveyor observed the family member feeding her mother lunch on 12/13/10 and 12/14/10. The family member told the surveyor that her mother received a can of Glucerna (a supplement) on her meal tray with each meal. She additionally stated she wouldn't allow staff to feed her mother because she felt that the staff wouldn't offer the resident any more food once she said she wasn't hungry.</p> <p>The family member was asked if she advised the staff of her mother's oral intake for each meal. She stated she gave the finished tray with the can of Glucerna on it to the aide. When the aide was interviewed on 12/14/10 at 1:30 p.m., she advised the surveyor she checked the tray and reported what the resident had eaten to the nurse. The aide stated she was taught how to measure food consumption during her initial training. The nurse was interviewed shortly thereafter and stated the amount of intake was not noted anywhere.</p> <p>The Director of Nursing was then asked to provide any documentation showing how the CNA staff were trained to measure meal consumption. The documentation given stated: "8- Note % of</p>			

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F 325	Continued From page 22 meal eaten for all residents." The surveyor asked the DON to provide documentation regarding the meal consumption for Resident #1. The DON told the surveyor that the staff had not documented food consumption of any resident. Resident #1 received Lasix (a diuretic) for edema and Prostat (a protein supplement). Nevertheless when the resident's weekly weight was taken on 12/19/10 it was 153 pounds, an increase of 23 pounds in 5 days. When this was brought to the attention of the dietitian, she ordered a reweigh for the following day. At this reweight Resident #1 now weighed 143 pounds and with +3 edema (revealing excessive fluids in the resident) was noted. A review of the resident's lab work taken on 12/8/10 and received in the facility on 12/10/10 revealed the resident's albumin level was extremely low (1.9) The normal is 4. The dietitian acknowledged the resident was taking Glucerna three times a day, Prostat daily and Hi Cal with each medication pass and that might have been the cause of the rapid weight gain as the body fluids were leaking out of the cells. The facility failed to properly monitor the oral intake of the resident to ensure the care plan goals and interventions were met. Furthermore, when the staff checked the resident's tray after each meal, the amount consumed was not documented which is necessary to evaluate actual consumption and trends in the resident's eating pattern. Also, because Resident #1 was receiving Glucerna without a physician's order, the nutritional content of the supplement was not being evaluated in the resident's nutritional assessment.	F 325	
2. Resident # 10 was admitted to the facility on			

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(X4) ID PREFIX TAG F 325	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 23 10/1/10 and had a diagnosis of Diabetes. The Resident was on a low concentrated sweets diet. On 12/13/10 at 12:10 p.m., the resident was seen in the dining room waiting for lunch with a pink drink in a glass half full in front of him. The resident was asked what he was drinking and the resident stated "It better be diet soda. I'm diabetic. I only drink diet drinks." The surveyor asked the Food Service Director what was in the glass and he stated "pink lemonade." When asked if it was diet he stated "no it's not" and he proceeded to take it away and offer the resident diet tea which the resident accepted and drank. The staff member that poured the pink lemonade was asked about it and she stated "I always give him lemonade, he likes it. He says if it's got sugar in it I don't want it but he likes the lemonade."	ID PREFIX TAG F 325	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
F 329 483.25(f) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS	N.J.A.C. 8:39-17.4(a)1	F 329	
<p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p>			
<p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical</p>			

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(X4) ID PREFIX TAG F 329	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG F 329	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)
F 329 Continued From page 24 record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated. In an effort to discontinue these drugs.	This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to monitor lab values related to the use of a medication used to lower lipids. This was found in Resident #6 who was 1 of 17 residents surveyed for adequate medication monitoring. The deficient practice was evidenced as follows: Resident # 6 was admitted to the facility on 12/8/10. The Resident was prescribed Verapamil 240 m.g. daily and Zocor 40 m.g. on admission. The Pharmacy Consultant alerted the physician on 12/8/10 in writing that there was a risk that Verapamil may increase the serum concentration of Zocor and that Zocor doses greater than 20 m.g. should be avoided. The physician was made aware on 12/9/10 by the Director of Nursing and the physician stated that the resident had been on this medication at home and that he was continuing the same dose. This was noted on the pharmacy consultant's sheet.	F 329 The surveyor reviewed the laboratory results from the hospital and the facility. There was no serum lipid level in the resident's medical record which is needed to evaluate in order to evaluate the	

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STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

315002

(X2) MULTIPLE CONSTRUCTION
A. BUILDING _____
B. WING _____

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SOMERSET VALLEY REHABILITATION AND NURSING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
1621 ROUTE 22 WEST
BOUND BROOK, NJ 08805

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
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ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION
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DEFICIENCY)

(X5)
COMPLETION
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F 329 Continued From page 25

F 329

effectiveness of the current dose of Zocor taking
into consideration the possible drug interaction
with the verapamil.

N.J.A.C. 8:39-27.1(a)
F 332 483.25(m)(1) FREE OF MEDICATION ERROR
SS= E RATES OF 5% OR MORE

F 332

The facility must ensure that it is free of
medication error rates of five percent or greater.

This REQUIREMENT is not met as evidenced
by:

Based on observation, interview and record
review, 3 errors were observed made by 3 of 4
nurses who administered 42 doses resulting in a
7.1% medication error rate. The medication
errors were the result of an error in the dosage
prepared for administration, administration of a
medication without regard to food consumption
and the failure to transcribe a new medication
order onto the medication administration record
(MAR) resulting in the wrong dosage of a
medication being administered to a resident. The
medication errors were observed for Residents
#2, #16 and #17, 3 of 11 residents observed
receiving medication on the Medication Pass
survey observation. This deficient practice was
evidenced by the following:

1. On 12/14/10 at 9:40 a.m., the surveyor
observed the medication nurse administering ½
tablet of carbadopa 25 mg./levadopa 100 mg. to
deliver carbadopa 12.5 mg./levadopa 50 mg., a
medication used for the treatment of Parkinson's
disease. Resident #2 had an order upon
admission on 11/4/10 for "carbadopa/levadopa

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NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1824 ROUTE 22 WEST BOUND BROOK, NJ 08805	
(X4) ID PREFIX TAG F 332	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 26 25/100 ½ tab PO (by mouth) TID (or via PEG). On 12/6/10, the physician wrote a new order to increase carbadopa/levadopa to 25/100 mg. to 1 tablet via G tube TID. This increases the 1/2 tablet to a whole tablet. The order was never transcribed onto the MAR. The order was never carried out and there were no carbadopa/levadopa 25/100 whole tablets in the medication cart. Only the half tablets were in the med cart. At 10:30 a.m., the Director of Nurses told the surveyor that if the doctor did not flag the new order, the nurses would not know that there was a new order for the resident which could result in the order being missed. The physician had noted that he/she wished to increase the medication to one whole tablet 3 times a day in the 12/6/10 progress note. Failure to act on the new physician's order resulted in the resident receiving the wrong dose of carbadopa/levadopa from 12/6/10 through 12/14/10, 8 days.	ID PREFIX TAG F 332	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY) 2. On 12/14/10 at 8:05 a.m., the surveyor observed the medication nurse prepare a dose of 17 grams of Miralax for administration to Resident #16. The medication nurse took a 30 milliliter medicine cup and poured 15 ml. of Miralax granules. The medication nurse told the surveyor that that should be enough to deliver the 17 gm dose and that was how she always measured the Miralax dose. The medication nurse prepared the 8 medications for administration, picked them up, turned from the med cart and proceeded to enter the resident's room. The surveyor stopped the med nurse and asked the nurse to recheck the dose of Miralax. Upon the request of the surveyor, the medication nurse then prepared the dose of the Miralax using the calibrated cap which

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came with the product. The medication nurse was then asked to compare the quantity when the Miralax was measured with the cap from the manufacturer versus the 15 ml. mark on the med cup. The medication nurse acknowledged the difference in the dose acknowledging that the 15 ml dose was less than the 17 gram dose and then proceeded to administer the properly prepared dose to the resident.

3. On 12/14/10 at 9:06 a.m., the surveyor observed the medication nurse administer metoclopramide 5 mg. to Resident #17. Metoclopramide is to be administered before meals as indicated in the physician's order in order to improve digestion when the food is consumed. Resident #17 was observed eating breakfast at the time the metoclopramide was administered.

N.J.A.C. 8:39-29.2(d)
F 333 483.25(m)(2) RESIDENTS FREE OF
SS=D SIGNIFICANT MED ERRORS

F 333

The facility must ensure that residents are free of any significant medication errors.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, it was determined that a significant error occurred during medication pass observation for Resident #2, 1 of 11 residents observed receiving medication on med pass. This deficient practice was evidenced by the following:

On 12/14/10 at 9:30 a.m., the surveyor observed the medication nurse administering a 1/2 tablet of

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(X4) ID PREFIX TAG F 333	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 28 carbadopa/levadopa 25/100 (a medication used for the treatment of Parkinson's disease) to Resident #2. Upon reconciliation of the med pass observations with the current physician's orders, the surveyor noted that the dose of carbadopa/levadopa had been increased on 12/6/10 to one whole tablet 3 times a day. This order had not been carried out and had never been transcribed onto the medication administration record (MAR) nor had the new order been sent to the pharmacy for delivery of the whole tablets. The medication nurse showed the surveyor that there were no whole tablets in the med cart. There were only half tablets in the med cart in accordance with the initial order from 1/14/10. The facility's failure to carry out the new order to increase the dose of the carbadopa/levadopa to one whole tablet 3 times a day from the initial order for a 1/2 tablet, resulted in the resident receiving the wrong dose of medication from 12/6/10 until identified by the surveyor on 12/14/10, 8 days after it had been ordered by the physician.	ID PREFIX TAG F 333	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY) The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food
F 371 SS=F	N.J.A.C. 8:39-29.2(d) 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	F 371	

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(X4) ID PREFIX TAG F 371	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 29 under sanitary conditions	ID PREFIX TAG F 371 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

This REQUIREMENT is not met as evidenced by:

Based on observation, interview and record review it was determined that the facility failed to maintain kitchen sanitation, and food equipment services in a sanitary manner to prevent the development of food borne illness. This deficient practice was evidenced by the following:

On 12/13/10 at 9:10 a.m. during the initial tour of the kitchen in the presence of the Nutrition Services Director (NSD) the surveyor observed the following:

1. The manual, metal, table mounted can opener had a visible build up of gray and black mold-like substance on the tip and sides of the cutting blade.
2. The underneath surface of the lower metal shelf located above the refrigerated salad prep unit, and in direct contact with multiple prepared food items in the unit, contained a very large, visible build up of orange, brown and black dried, caked on and splattered food debris. In some areas, the surveyor observed that the food debris extended about 1/4 inch off the underneath surface of the shelf.

At 9:55 a.m., the surveyor asked the NSD to touch the underneath surface of the lower shelf and explain what the NSD felt. The NSD stated: "It feels rough." The NSD also stated: "The unit

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is new and the shelves did not come with the unit. The shelves were previously used in the kitchen and attached by maintenance. I don't think anyone noticed that."

3. The underneath surface of the shelf above the 6 burner stove also had a visibly large build up of dried, splattered, caked on orange, brown and black food debris which was in direct contact with 5 open/uncovered pots cooking on the stove. Two pots contained boiling water, 1 pot contained cooked mixed vegetables, another pot contained broccoli flowerets and 1 pot contained a viscous, yellow liquid substance that the NSD identified as: "malted butter that was used at breakfast with the pancakes."

4. The tops of all 3 reach in freezers contained a large build up of dust and debris. Two of the freezers were located across from a free-standing, open, 7 shelf, clean/dry metal storage rack. One freezer was directly adjacent to the clean/dry storage rack.

The dust became airborne when the NSD wiped his hand across the top of one freezer. The surveyor observed visible signs of dust particles on the shelves of the clean/dry storage rack.

5. The ceiling mounted, metal utensil rack located directly above the 5 bay steam table and in direct contact with prepared food and clean serving utensils and pots contained a large amount of visible, gray dust particles that were about 1/2-1/2 inches in length and dangled off the top, sides of the rack and on the utensil hooks.

Three large, 24 inch long metal spiders/strainers suspended from the utility rack were visibly dirty

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NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1621 ROUTE 22 WEST BOUND BROOK, NJ 08805	
(K4) 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 REFERENCED TO THE APPROPRIATE DEFICIENCY)

F 371 Continued From page 31

F 371

with dust attached to the surface of the 6 inch circular metal base of the utensil. Each of the handles/shafts of the spiders/strainers fell slickly to touch.

6. The shelf under the prep/tray line table with multiple open boxes of pasta was visibly soiled with crumbs and orange, brown and black splattered food debris.

7. The 1/4 inch open junction between the 2 wooden bars that connect the prep/tray line table to the steam table and in direct contact with prepared food was visibly dirty with a large build up of fuzzy gray and black mold-like substance and dried caked on, splattered orange, brown and black food debris and crumbs.

B. On 12/14/10 at 12:05 p.m., the surveyor observed a maintenance worker in the kitchen during the lunch tray line operation and without a hair restraint on. The worker was taking measurements on the floor under the 3 compartment sink located about 8 feet away from the open steam table. When the surveyor approached the worker he stated: "I'm the Corporate Plumber, just checking for leaks" and promptly exited the kitchen.

A review of the initiated October, November and December "Somerset Valley Cleaning Schedule-Daily" failed to include the shelf above the refrigerated salad prep unit, the shelf above the 6 burner stove, the utensil rack above the steam table, the tops of the reach-in freezers, the shelf below the prep area where the open boxes of pastas are kept and the wood bars that

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NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 ROUTE 22 WEST BOUND BROOK, NJ 08805	
(X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	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 REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

F 371 Continued From page 32
connect the prep table and the steam table.

F 371

A review of a dietary line prepared by the Administrator and received by the surveyor on 12/15/10 stated "the unsatisfactory condition of the kitchen is directly related to the NSD being a new manager" and additional "supervision for upholding and maintaining sanitary conditions is necessary."

A review of the "Nutrition Services Director Job Description " stated " Supervision follows all accepted state and federal guidelines for the respective discipline. " The NSD's "Essential Duties and Responsibilities Include "Make daily rounds in department to ensure that all sanitary codes are adhered to and frequent sanitation audits of department to insure compliance with State and Federal Sanitary Codes. " The surveyor did not observe evidence that the " Essential Duties and Responsibilities " for the NSD were implemented during the tour of the kitchen.

A review of the Job Description for the "VP of Food and Nutritional Services for SNF/ALF" stated "the VP is responsible for "the overall management of all aspects of operation and standards and specific programs related to foods ...while meeting federal and state regulations, as well as state specific practice acts. " The surveyor did not observe evidence that the responsibilities of the VP were implemented during the tour of the kitchen.

NJAC 8:39-31.2(e)
F 428 483.80(c) DRUG REGIMEN REVIEW, REPORT F 428
SS=D IRREGULAR, ACT ON

The drug regimen of each resident must be

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NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1621 ROUTE 22 WEST BOUND BROOK, NJ 08806	
(X4) ID PREFIX TAG F 428	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 33	ID PREFIX TAG F 428	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETION DATE
<p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to ensure that the consultant pharmacist addressed a medication regimen regarding the awakening of a resident in order to receive a multivitamin for the eyes for Resident #7, 1 of 17 residents whose medication regimens was reviewed. This deficient practice was evidenced by the following: Resident #7 was admitted to the facility on 9/12/10. Among the medications ordered was Preservision, a multi-vitamin used for those persons suffering from Macular Degeneration. The order stated "1 cap by mouth every morning and every evening". The order was amended by hand to give the medication at 1 a.m. and 1 p.m. The resident received this medication at 1 a.m. and 1 p.m. from 9/13/10 through 11/30/10. The pharmacy consultant reviewed the resident's medical chart on 9/15/10, 10/11/10, 11/4/10 and 12/9/10. The consultant did not question why the medication (a multi vitamin) was given at 1 a.m. During interviews with the Director of Nursing and the Assistant Director of Nursing on 12/14/10 at 1 p.m. and 1:15 pm, respectively neither could explain why the resident would be awakened during the night to be given a multi vitamin.</p>			

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NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1621 ROUTE 22 WEST BOUND BROOK, NJ 08806	
(K4) 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 428 Continued From page 34 N.J.A.C. 8-39 -29.3(a) F 441 483.85 INFECTION CONTROL, PREVENT SS=F SPREAD, LINENS	F 428 F 441	The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	

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NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 ROUTE 22 WEST BOUND BROOK, NJ 08805	
(X4) ID PREFIX TAG F 441	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG F 441	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

This REQUIREMENT is not met as evidenced by:
Based on observation and interview, it was determined that the facility failed to provide measures for prevention of infection by failing to observe an alert, oriented and ambulatory resident from obtaining silverware and ice in the dining room and dietary staff failing to use proper technique during food preparation. This deficient resident was identified for Resident #15, 1 of 3 Dietary Aides in the kitchen with the potential to effect all resident. This deficient practice was evidenced by the following:

1. The surveyor reviewed the medical record for Resident #15 who was admitted to the facility on 1/18/10 with diagnoses of Endocarditis. The signed November and December Physician Order Sheets indicated that the resident was admitted for 6 weeks of Intravenous (IV) antibiotic (ABT) therapy.

On 12/13/10 at 12:10 p.m., the surveyor observed Resident #15 enter the staff service area in the dining room. The resident carried a white paper bag in his left hand and with his right hand, the resident reached into a gray, plastic tray filled with forks, knives and spoons that the staff was using to set the resident tables in the dining room. Resident # 15 took a knife, fork and spoon out of the tray and exited the dining room.

At 12:15 p.m., one of the Dietary Aides (DA) setting tables in the dining room stated "he always does that. He likes to order out food."

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STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

316002

(X2) MULTIPLE CONSTRUCTION
A. BUILDING _____
B. WING _____

(X3) DATE SURVEY
COMPLETED

NAME OF PROVIDER OR SUPPLIER

12/16/2010

SOMERSET VALLEY REHABILITATION AND NURSING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
1821 ROUTE 22 WEST
BOUND BROOK, NJ 08805

(K4) 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)

(K5)
COMPLETION
DATE

F 441

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F 441

The surveyor watched as the DA left the dining room without removing the gray tray or the utensils that Resident #15 had been touching.

At 12:20 p.m., the surveyor removed the filled gray tray from the dining room and brought it to the kitchen to be washed.

At 1:46 p.m., the surveyor observed Resident #15 enter the dining room with an empty 16 oz Styrofoam cup in his right hand. The resident approached the blue and white plastic ice chest located on the side of the staff service area in the dining room. Resident # 15 opened the lid of the ice chest, put his right hand into the ice chest in an attempt to fill it with ice, but the chest was empty. The resident closed the lid, exited the dining room and walked down the hall to his room. Both the silverware rack and the ice chest were for use for multiple residents.

2. On 12/19/10 at 10:30 a.m., the surveyor entered the kitchen and asked one of the DA's to hand the surveyor 3 spiders/strainers from the utensil rack.

At 10:45 a.m., the surveyor returned to the kitchen to return the 3 utensils and observed a DA plating chocolate cream pie for lunch. The DA was not wearing gloves. The DA stopped working, approached the surveyor at the door and took the 3 utensils back to the kitchen and attempted to hang them back up on the utensil rack. The Nutrition Services Director (NSD) intervened and told the DA to put the 3 utensils in the dish wash area. The surveyor observed the DA as he returned to the prep table to continue plating the pie. Before the DA was able to start plating, the surveyor requested the NSD have the

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NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 ROUTE 22 WEST BOUND BROOK, NJ 08806		
(X4) ID PREFIX TAG F 441	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 37 DA stop, wash his hands and put on gloves since he had just handled the soiled spiders/stainers. A review of the Dietary In-Services provided from June 2010 to November 2010 failed to include any education on hand washing or infection control. NJAC 8:39-19.4(a) F 465 483.70(h) SS=F SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON	ID PREFIX TAG F 441	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
<p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and review of the facility's preventive maintenance program for kitchen sanitation, it was determined that the facility failed to maintain proper procedures in the kitchen to provide a clean, safe and functional environment for food preparation and failed to implement their preventive maintenance program. This deficient practice was evidenced by the following:</p> <p>On 12/13/10 at 9:10 a.m. during the initial tour of the kitchen in the presence of the Nutrition Services Director (NSD) the surveyor observed the following:</p> <ol style="list-style-type: none"> 1. The top of a 6 foot high, blue, cylindrical hot water heater/booster located adjacent to the dishwashing room was visibly dirty with a large build up of gray dust that became airborne when 				

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NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 ROUTE 22 WEST BOUND BROOK, NJ 08805	
(X4) ID PREFIX TAG F 465	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG F 465	(X5) COMPLETION DATE

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the surveyor waved a clipboard at the unit.

2. Thirteen ceiling mounted fluorescent light fixtures located in the main part of the kitchen were visibly dirty with debris and dead black flies. The fixture with the largest visible build up of debris and dead insects was located directly over the salad/sandwich prep unit. One of the 13 light fixtures located above the stove was cracked and in poor repair.
 3. A 3 inch diameter hole was in the floor under the 3 compartment sink.
 4. A ceiling mounted air vent located in the main traffic area of the kitchen did not have a vent/grill cover.
 5. At 12:00 p.m., the surveyor entered the dining room and observed tray service during lunch. Across from the resident tables was a 4 bay steam table with metal covers in place over each bay. As the surveyor approached the unit, it appeared to be off and felt cold to touch. The inside of each bay was filled with about 1 inch of visibly dirty standing water that had multiple white, gray and black debris floating in each bay.
- On 12/14/10 at 2:20 p.m., the Administrator stated "I'm unsure of the exact date that we stopped using the steam table in the dining room but it was before Thanksgiving and after Halloween." On 12/15/10 at 9:30 a.m., the Administrator informed the surveyor that the steam table in the dining room was last used on November 1, and was not sure why it wasn't cleaned and emptied.

A blank copy of the Maintenance Departments

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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) COMPLETION DATE
F 465	Continued From page 39 "Monthly Safety Self-Inspection Tool" for the Dietary Department was reviewed by the surveyor. The form identified 32 areas of concern for regular monthly inspections by the Maintenance Department. On 12/16/10 at 12:30 p.m., the Administrator informed the surveyor "the monthly maintenance audit tool is not done and has not been maintained." NJAC 8:39-31.4(a) F 514 483.76(X1) RES SS=D RECORDS-COMLETE/ACCURATE/ACCESSIBLE	F 465		
	The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete, accurately documented, readily accessible, and systematically organized.			
	The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.			
	This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to maintain accurate clinical records for Resident #13, 1 of 15 residents whose medical record was reviewed for accuracy as evidenced by the following: Resident #13 was admitted to the facility on 11/19/10. The original admission face sheet			

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(X4) ID PREFIX TAG F 514	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 40	ID PREFIX TAG F 514	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETION DATE

stated the resident had a medication allergy to Acetaminophen-Codine Compound (Tylenol #3). On 11/21/10 it was determined the resident was not allergic to this medication as he had been receiving it for pain control without any adverse effect. However the face sheet was not corrected until 12/15/10.
N.J.A.C. 8:39-35.2(d)6

New Jersey Department of Health & Senior Services

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NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND N		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 ROUTE 22 WEST BOUND BROOK, NJ 08805		
(X4) ID PREFIX TAG S 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S 000: Initial Comments The facility was not in compliance with all of the standards in the New Jersey Administrative Code, Chapter 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 New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	ID PREFIX TAG S 000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X4) COMPLETE DATE
S1405: 8:39-19.5(a) Mandatory Infection Control and Sanitation	a) The facility shall require all new employees to complete a health history and to receive an examination performed by a physician or advanced practice nurse, or New Jersey licensed physician assistant, within two weeks prior to the first day of employment or upon employment. If the new employee receives a nursing assessment by a registered professional nurse upon employment, the physician's or advanced practice nurse's examination may be deferred for up to 30 days from the first day of employment. The facility shall establish criteria for determining the completeness of physical examinations for employees.	S1405		
<p>This REQUIREMENT is not met as evidenced by: Based on employee record review it was determined that the facility failed to ensure that 4 of 5 newly hired employee's had a physical within the required time frame.</p> <p>The deficient practice is evidenced as follows:</p>				

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

[Signature]

TITLE

1/22/11

(X4) DATE

6899

7NXT11

If continuation sheet 1 of 5

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 081810	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/16/2010
NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND N		STREET ADDRESS, CITY, STATE, ZIP CODE 1621 ROUTE 22 WEST BOUND BROOK, NJ 08805		
(X4) ID PREFIX TAG S1405	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG S1405	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p>S1410 8:39-19.5(b)(1) Mandatory Infection Control and Sanitation</p> <p>(b) Each new employee, including members of the medical staff employed by the facility, upon employment shall receive a two-step Mantoux tuberculin skin test with five tuberculin units of purified protein derivative. The only exceptions shall be employees with documented negative two-step Mantoux skin test results (zero to nine millimeters of induration) within the last year, employees with a documented positive Mantoux skin test result (10 or more millimeters of induration), employees who have received appropriate medical treatment for tuberculosis, or when medically contraindicated. Results of the Mantoux tuberculin skin tests administered to new employees shall be acted upon as follows:</p> <p>1. If the first step of the Mantoux tuberculin skin test result is less than 10 millimeters of induration, the second step of the two-step Mantoux test shall be administered one to three weeks later.</p>	S1410		

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NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND M		STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ROUTE 22 WEST BOUND BROOK, NJ 08805	
(X4) ID PREFIX TAG S1410	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)
<p>S1410 Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on employee record review it was determined that the facility failed to obtain documentation of a positive tuberculin skin test reaction for 2 of 5 employees recently hired.</p> <p>The deficient practice was evidenced as follows: Two of the five employee files reviewed had copies of negative chest x-rays for employees who reported a history of positive tuberculin skin tests. The facility did not have documentation of the positive tuberculin skin tests for either employee.</p>	S1410		
<p>S2255 8:39-31.8(e)(2) Mandatory Physical Environment</p> <p>2. Restricted smoking areas shall be designated and rules governing such smoking promulgated and rigidly enforced. Nonflammable ashtrays in sufficient numbers shall be provided in permitted smoking areas. In any area where smoking is permitted, there shall be adequate outside ventilation.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined that the facility failed to ensure that smoking was done in the facility's designated smoking area and that the smoking rules related to this were strictly enforced. This was seen in Resident #8 who was one of one smoker in the facility at the time.</p>	S2255		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(K1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061810	(K2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(K3) DATE SURVEY COMPLETED 12/16/2010
NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND N		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 ROUTE 22 WEST BOUND BROOK, NJ 08805	
(K4) ID PREFIX TAG S2255	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(K5) COMPLETE DATE
S2255	<p>Continued From page 3</p> <p>The deficient practice was evidenced as follows:</p> <p>On 12/15/10 at 3:10 p.m., Resident # 8 was observed smoking in the front of the building, outside of the entry way while sitting in his wheelchair. On 12/16/10 at 10:20 a.m., the Administrator was asked where the designated smoking area was and she said that it was on the outside patio. The patio was located behind the building. When asked about the resident who were observed smoking in front of the building she stated " I'm not going to lie, people do smoke out there. I do see people smoking out there." Resident # 8 was asked on 12/16/10 at 11:00 a.m. where he was told to smoke and he stated that the Administrator told him to smoke in front of the building. Though not a designated smoking area, the area was provided with an appropriate cigarette extinguishing receptacle.</p>		S2255
S2345	<p>8:39-31.6(o) Mandatory Physical Environment</p> <p>(o) The facility shall conduct at least one evacuation drill each year, either simulated or using selected residents. State, county, and municipal emergency management officials shall be invited to attend the drill at least 10 working days in advance.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of facility records and staff interview on 12/15/10, it was determined that the facility failed to invite local or county office of emergency management, OEM, to their annual evacuation drill 10 days in advance as evidenced</p> <p>Review of the facility disaster drill dated 7/18/10 revealed no documentation that OEM was invited</p>		S2345

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 081810	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2010
NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND N		STREET ADDRESS, CITY, STATE, ZIP CODE 1621 ROUTE 22 WEST BOUND BROOK, NJ 08805	
(X4) ID PREFIX TAG S2345	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG S2346	(X5) COMPLETE DATE
	Continued From page 4 to participate in the facility's disaster drill. When interviewed at 12:04 p.m., the facility's Administrator stated that the facility did not invite OEM 10 days in advance to the drill.		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (K1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

316002

(K2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN BUILDING 01
B. WING

(K3) DATE SURVEY COMPLETED

NAME OF PROVIDER OR SUPPLIER

12/16/2010

SOMERSET VALLEY REHABILITATION AND NURSING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
1821 ROUTE 22 WEST
BOUND BROOK, NJ 08805

(K4) 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)

(K5) COMPLETION DATE

K 000 INITIAL COMMENTS

K 000

LIFE SAFETY CODE 101:2000
The facility is not in substantial compliance with the minimum Life Safety Code requirements as surveyed under CMS-2788R.
K 018 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

K 018

Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/2 inch solid-banded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3

Roller latches are prohibited by CMS regulations in all health care facilities.

This STANDARD is not met as evidenced by:
Based on surveyor's observation on 12/15/10, in the presence of facility management, it was determined that the facility failed to ensure that doors in corridor walls were resistant to the transfer of smoke as evidenced by the following:

1. At 10:19 a.m., the surveyor observed resident room 15 corridor door was a set of 2 doors. The

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

TITLE

(K6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that their 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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315002	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/16/2010
NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 ROUTE 22 WEST BOUND BROOK, NJ 08805	
(X4) ID PREFIX TAG K 018	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG K 018

K 018 Continued From page 1
small right door was open and not latched. The main door was observed open as well. When the surveyor attempted to close the doors, which are the smoke barrier to the room, it took 3 steps to close both doors securely and not the necessary one motion.

2. At 10:23 a.m. the surveyor observed resident room 14 corridor door was a set of 2 doors. The small right door was open and not latched. The main door was observed open as well. When the surveyor attempted to close the doors, which are the smoke barrier to the room, it took 3 steps to close both doors securely and not the required one motion.

3. At 10:34 a.m. the surveyor observed resident room 27 corridor door was a set of 2 doors. The small right door was open and not latched. The main door was observed open as well. When the surveyor attempted to close the doors, which are the smoke barrier to the room, it took 3 steps to close both doors securely and not the required one motion.

K 039 NJAC 8:39 - 31.2(e)
SS=D NFPA 101 LIFE SAFETY CODE STANDARD

K 039

Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. 19.2.3.3

This STANDARD is not met as evidenced by:
Based on the surveyor's observation and staff interviews on 12/15/10, it was determined that the facility failed to ensure that width of aisles serving as exit access were at least 4 feet at all times.

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NAME OF PROVIDER OR SUPPLIER SOMERSET VALLEY REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 ROUTE 22 WEST BOUND BROOK, NJ 08805	
(X4) ID PREFIX TAG K 039	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG K 039	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)

Continued From page 2
This deficient practice was evidenced by the following:

At 10:43 a.m. the surveyor observed an exit sign at the end of the laundry service corridor. The surveyor observed the exit access in the corridor was blocked with a pallet of boxes, which decreased the exit egress to 16-inches, below the required 4-feet.

When interviewed at this time the employee unloading the boxes stated that all deliveries are dropped off in the corridor before being put away.

NJAC 8:39-31.1(c)