

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315423	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/16/2026
NAME OF PROVIDER OR SUPPLIER HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAMILTON AVE , HAMILTON, New Jersey, 08619	
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F0000	INITIAL COMMENTS F000 Recertification Intake ID#: 2732222 and 422122 Survey Dates: 3/6/26 to 3/16/26 Census: 209 Sample size: 36 + 3 closed records A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F0000		05/01/2026
F0686 SS = E	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and review of facility documents, it was determined that the facility failed to provide preventive care, consistent with professional standards of practice, to residents who may be at risk for development of	F0686	What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Residents #6, #7, #106, and #151 were adjusted to the correct setting per residents' orders. Residents #6, #7, #106, and #151 were all assessed on [redacted] and found to have no [redacted] or worsening of any previous existing [redacted]. A physician order for an [redacted] was entered on [redacted] for resident #151 to check function and setting every shift. On 3/26/2026 Licensed Practical Nurse (LPN) #1 and the [redacted] were re-educated by the [redacted] on how to determine the correct setting for an [redacted] per resident's [redacted] for the prevention and management of [redacted] and to ensure that all residents who utilize [redacted] have a physician order in place to monitor the function and setting every shift. How will you identify other residents having the potential to be affected by the same deficient	05/01/2026

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F0686 SS = E</p>	<p>Continued from page 1 NJ Exec Order 26.4b1 and ensure that NJ Ex Order 26, 4B1 were accurately set according to the resident's weight.</p> <p>This deficient practice was identified for 4 of 4 residents (Residents #6, #7, #106, and #151) reviewed for risk of NJ Ex Order 26, 4B1 and was evidenced by the following:</p> <p>1. On 3/6/26 at 10:50 AM, the surveyor observed Resident #6 in bed with the NJ Ex Order 26, 4B1 setting set to NJ Ex Order 26, 4B1.</p> <p>On 3/10/26 at 11:48 AM, the surveyor observed Resident #6 in bed with the NJ Ex Order 26, 4B1 setting set to NJ Ex Order 26, 4B1.</p> <p>A review of the Admission Record (AR) (an admission summary) revealed the resident was admitted to the facility with diagnoses that included but were not limited to: NJ Ex Order 26, 4B1</p> <p>[REDACTED]</p> <p>A review of the Order Summary Report (OSR) revealed a physician's order (PO) for NJ Ex Order 26, 4B1 on bed for NJ Ex Order 26, 4B1 prevention, every shift check setting and function on NJ Ex Order 26, 4B1, dated NJ Ex Order 26, 4B1.</p> <p>A review of the vital signs in the electronic medical records (EMR) revealed a NJ Ex Order 26, 4B1, dated NJ Ex Order 26, 4B1.</p> <p>A review of the annual Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26, 4B1, revealed a Brief Interview for Mental Status (BIMS) of NJ Ex Order 26, 4B1 which indicated Resident #6's NJ Ex Order 26, 4B1.</p> <p>A review of the Individual Comprehensive Care Plan (ICCP) completed NJ Ex Order 26, 4B1 revealed focus areas for:</p> <p>NJ Exec Order 26.4b1 with [name redacted] (a NJ Exec Order 26.4b1 used to safely NJ Ex Order 26, 4B1 individuals with NJ Ex Order 26.4b1);</p> <p>NJ Ex Order 26, 4B1 status related to NJ Ex Order 26.4b1 and NJ Ex Order 26, 4B1 due to NJ Ex Order 26, 4B1</p>	<p>F0686</p>	<p>Continued from page 1 practice and what corrective action will be taken?</p> <p>All residents who reside in the facility and have physician's orders for an NJ Ex Order 26, 4B1 have the potential to be affected by the deficient practice.</p> <p>A comprehensive audit of all residents who utilize NJ Ex Order 26, 4B1 was conducted on 3/26/2026 by the U. S. FOIA (b) (2) to ensure that all settings are correct according to the resident's current weight. No additional inconsistencies in the NJ Ex Order 26, 4B1 settings were found and all residents who utilize an NJ Ex Order 26, 4B1 have a physician order in place.</p> <p>What measures will be put in place or what systemic changes will be put in place to ensure the deficient practice does not recur?</p> <p>On 3/17/2026 The NJ Ex Order 26, 4B1 or designee educated the current nursing staff on the procedure for determining NJ Ex Order 26, 4B1 settings per the resident's current weight and to ensure there is a physician order in place for each resident who has an air mattress.</p> <p>The physician's orders in the electronic health record for NJ Ex Order 26, 4B1 have been updated to state "refer to resident's current weight for setting".</p> <p>The policy titled "Wound Management" was reviewed on 4/1/2026 by the DON and the facility Administrator and determined no updates were necessary at this time.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not recur, i.e. What quality assurance program will be put into place?</p> <p>The DON or designee will conduct weekly audits of 5 residents who have an air mattress x 4 weeks, then monthly x 3 months to ensure that air mattresses are set correctly per resident weight and there is a physician order in place for monitoring every shift for all residents who have an air mattress.</p> <p>The results of these audits will be reviewed at the facility Quarterly Quality Assurance Meeting x 2 quarters to determine the need for improvement and/or continued monitoring to ensure the deficient practice does not recur.</p>	<p>05/01/2026</p>

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<p>F0686 SS = E</p>	<p>Continued from page 2 NJ Ex Order 26, 4B1 due to NJ Ex Order 26, 4B1 potential for further NJ Ex Order in NJ Ex Order potential for NJ Ex Order 26, 4B1 and Risk for NJ Ex Order 26, 4B1 related to impaired NJ Ex Order 26, 4B1 and NJ Ex Order 26, 4B1 An intervention for the focus area of NJ Ex Order 26, 4B1 included NJ Ex Order 26, 4B1 to be initiated and NJ Ex Order 26, 4B1 initiated and NJ Ex Order 26, 4B1 history. NJ Ex Order 26, 4B1 resolved. On 3/11/26 at 10:32 AM, the surveyor interviewed Licensed Practical Nurse #1 (LPN#1) who confirmed Resident #6 had a NJ Ex Order 26, 4B1 because of NJ Ex Order 26, 4B1 2. On 3/10/26 at 11:45 AM, the surveyor observed Resident #7 in bed with the NJ Ex Order 26, 4B1 setting set at NJ Ex Order 26, 4B1. A review of the AR revealed diagnoses that included but were not limited to: NJ Ex Order 26, 4B1 A review of the OSR revealed a PO for weekly NJ Ex Order 26, 4B1 assessment dated NJ Ex Order 26, 4B1 and a PO for NJ Ex Order 26, 4B1 for NJ Ex Order 26, 4B1 every shift for NJ Ex Order 26, 4B1 check setting and function on NJ Ex Order 26, 4B1 dated NJ Ex Order 26, 4B1 A review of the quarterly MDS dated NJ Ex Order 26, 4B1 revealed a BIMS of NJ Ex Order 26, 4B1 indicating NJ Ex Order 26, 4B1 . Further review revealed the resident had NJ Ex Order 26, 4B1 and an indicator for NJ Ex Order 26, 4B1 A review of the ICCP dated NJ Ex Order 26, 4B1 revealed a focus areas for: Extensive to dependent assist with Activities of Daily Living (ADLs). Risk for NJ Ex Order 26, 4B1 related to NJ Ex Order 26, 4B1 and preference to NJ Ex Order 26, 4B1 in bed NJ Ex Order 26, 4B1 around in bed to get into NJ Ex Order 26, 4B1 NJ Ex Order 26, 4B1 requiring staff to NJ Ex Order 26, 4B1 for safety. NJ Ex Order 26, 4B1 . Interventions for NJ Ex Order 26, 4B1 Potential for NJ Ex Order 26, 4B1 to NJ Ex Order 26, 4B1 to NJ Ex Order 26, 4B1 Interventions for this</p>	<p>F0686</p>		<p>05/01/2026</p>

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<p>F0686 SS = E</p>	<p>Continued from page 3 focus are included to NJ Exec Order 26.4b1 [redacted] for [redacted] dated [redacted].</p> <p>A review of the vital signs in the EMR revealed a weight of [redacted] pounds, dated [redacted].</p> <p>A review of a [redacted] assessment report, dated [redacted] revealed a new NJ Ex Order 26, 4B1 the assessment also revealed current [redacted] as NJ Ex Order 26, 4B1</p> <p>A review of a [redacted] note dated [redacted] revealed.. NJ Ex Order 26, 4B1 ...history of [redacted]. Continue with [redacted] and [redacted] schedule per protocol for [redacted] prevention.. NJ Ex Order 26, 4B1</p> <p>On 3/11/26 at 10:27 AM, the surveyor interviewed LPN#1, who confirmed Resident #7 had a [redacted] LPN#1 stated "They get out of bed every [redacted] and [redacted] due to [redacted] and as they requested. There are orders for the [redacted] to check the setting and function, we make sure it is set to the appropriate [redacted] That is the setting that determines the amount of [redacted] NJ Ex Order 26, 4B1</p> <p>3. On 3/6/26 at 10:20 AM, the surveyor observed Resident #106 in bed with the [redacted] settings set to [redacted] NJ Ex Order 26, 4B1</p> <p>On 3/10/26 at 11:34 AM, the surveyor observed Resident #106 in bed with the [redacted] settings set to [redacted] NJ Ex Order 26, 4B1</p> <p>A review of the AR revealed the resident was admitted to the facility with diagnoses which included but were not limited to [redacted] NJ Ex Order 26, 4B1</p> <p>[redacted]</p> <p>A review of the OSR revealed a PO for [redacted] on the bed for [redacted] every shift check setting and function of [redacted], dated [redacted] NJ Ex Order 26, 4B1 A further review revealed a PO for weekly [redacted] assessment every Tuesday evening shift for monitoring.</p> <p>A review of the quarterly MDS dated [redacted] revealed the BIMS score was [redacted] NJ Ex Order 26, 4B1, indicating NJ Ex Order 26, 4B1 Further review revealed the resident was at [redacted] NJ Ex Order 26, 4B1</p>	<p>F0686</p>		<p>05/01/2026</p>

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<p>F0686 SS = E</p>	<p>Continued from page 4 A review of the ICCP dated [redacted] revealed a focus area for risk for [redacted] related to [redacted] interventions included [redacted] to bed, dated [redacted].</p> <p>A review of the vital signs in the EMR revealed a weight of [redacted] dated [redacted].</p> <p>A review of the facility provided [redacted] Rounds form dated [redacted] revealed Resident #106 to have a facility acquired [redacted] on [redacted], resolved, with a notation for [redacted].</p> <p>4. On 3/6/26 at 10:25 AM, the surveyor observed Resident #151, in bed with the [redacted] setting set to [redacted].</p> <p>A review of the AR revealed the resident was admitted to the facility with diagnoses which included but were not limited to: [redacted]</p> <p>A review of the OSR revealed a PO for [redacted] or [redacted], discontinued on [redacted]. There was no active PO for [redacted] was listed on the OSR.</p> <p>A review of the quarterly MDS dated [redacted] revealed a BIMS of [redacted], indicating [redacted]</p> <p>A review of the ICCP dated [redacted] revealed focus areas for:</p> <p>A preference to [redacted] in [redacted] with a gown on and complete a [redacted] on [redacted] days;</p> <p>Risk for [redacted] this focus area included [redacted] to bed, dated [redacted]</p> <p>A review of the vital signs in the EMR revealed a [redacted] of [redacted] dated [redacted].</p> <p>A review of a progress note dated [redacted] revealed.. [redacted]</p> <p>On 3/11/26 at 10:36 AM, the surveyor interviewed the [redacted] U. S. FOIA (b) (2) who confirmed Resident #151 did not have an order for an [redacted]. The [redacted] went to Resident #151's room in the presences of the surveyor to confirm the setting on the [redacted] [redacted] was a [redacted] and stated "It says [redacted] She further stated "I think that has to be adjusted. It should be by [redacted]." The [redacted] also stated the nurses should be signing out an order for</p>	<p>F0686</p>		<p>05/01/2026</p>

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<p>F0686 SS = E</p>	<p>Continued from page 5 placement and function of the [redacted] NJ Ex Order 26, 4B1.</p> <p>On 3/13/26 at 9:53 AM, the surveyor interviewed the U. S. FOIA (b) (2) [redacted]. The surveyor made the U. S. FOIA [redacted] aware of the above concerns for Residents #6, #7, # 106, and #151. The [redacted] stated "I'm not sure what happened. If there is a need for ar [redacted] it is ordered. We have a template for ar [redacted]." The [redacted] further stated "Paying attention to the correct pressure is what's missed. Looks like we need to provide education, the nurses check off on the Treatment Administration Record (TAR) to check function." The [redacted] described the purpose of an [redacted].</p> <p>[redacted]. The mattress uses NJ Ex Order 26, 4B1 [redacted]. The [redacted] also stated, "it should be set to the patient's [redacted]"</p> <p>On 3/13/26 at 2:02 PM, the surveyor presented the findings to the facility administration, in the presence of the survey team.</p> <p>On 3/16/26 at 10:27 AM, the U. S. FOIA (b) (2) [redacted] stated Resident #151 "prefers to have a [redacted] NJ Ex Order 26, 4B1. It is not in [redacted] care plan, but it will be." No further information was provided.</p> <p>A review of the In-Service Attendance Sheets dated NJ Ex Order 26, 4B1 [redacted] for Summary: [redacted] in Why Does It Matter [redacted] revealed education provided to U. S. FOIA (b) (2) [redacted]. Education focus areas included:</p> <p>The [redacted] NJ Ex Order 26 uses [redacted] NJ Ex Order 26.4b1 to [redacted] the resident and [redacted] NJ Ex Order 26.4b1.</p> <p>If the [redacted] NJ Ex Order 26 is set [redacted] NJ Ex Order 26 the resident will [redacted] NJ Ex Order 26 out, [redacted] NJ Ex Order 26.4b1 on the [redacted] NJ Ex Order 26, 4B1.</p> <p>If set too [redacted] NJ Ex Order 26 the surface becomes too [redacted] NJ Ex Order 26 and loses [redacted] NJ Ex Order 26, 4B1 benefits;</p> <p>Identify the resident's [redacted] NJ Ex Order 26 and adjust the setting to line up to resident's [redacted] NJ Ex Order 26.</p> <p>On the monitor, there is a [redacted] NJ Ex Order 26.4b1 of resident's [redacted] NJ Ex Order 26.</p> <p>A review of the facility "Wound Management" policy last reviewed by the facility July 2025 revealed</p>	<p>F0686</p>		<p>05/01/2026</p>

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F0686 SS = E	<p>Continued from page 6</p> <p>Policy ...to prevent pressure ulcer development in our residents and to plan, implement, and evaluate the effectiveness of wound management....</p> <p>Procedure ...A pressure reducing mattress will be placed on every bed. Upgraded wound management mattresses will be placed on resident beds as individually assessed.</p> <p>Definitions...Pressure ulcer risk factor-Examples of risk factors include immobility and decreased functional ability...resident refusal of care and treatment; cognitive impairment; exposure of skin to urinary and fecal incontinence...Pressure reducing device-Equipment that aims to relieve pressure away from areas of high risk. May include foam, air, water, or gel, or other cushions placed on a chair, wheelchair, or bed. Includes pressure reducing, and pressure redistributing devices...</p> <p>A review of the "C.N.A. Standards of Care" policy last reviewed by the facility September 2025 revealed Procedure...All residents are to be properly positioned with appropriate padding protecting bony prominence.</p> <p>NJAC 8:39-27.1 (a)</p>	F0686		05/01/2026
F0550 SS = D	<p>Resident Rights/Exercise of Rights</p> <p>CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights.</p> <p>The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all</p>	F0550	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #45 was informed by the U. S. FOIA (b) (2) on NJ Ex Order 26, 4B1 that staff will no longer NJ Ex Order 26, 4B1 resident NJ Ex Order 26, 4B1</p> <p>The U. S. FOIA (b) (2) who was observed transporting resident #45 NJ Ex Order 26, 4B1 was educated on 3/26/2026 by the staff educator that this practice is considered undignified and may have a negative effect on the resident.</p> <p>Resident #45 voiced no concern related to being NJ Ex Order 26, 4B1</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents who rely on staff to transport them in</p>	05/01/2026

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<p>F0550 SS = D</p>	<p>Continued from page 7 residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights.</p> <p>The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, interviews, and review of pertinent facility documents, it was determined that the facility failed to ensure residents were transported from one area of the unit to another in a dignified manner. This deficient practice was identified for 1 of 1 residents (Resident #45) reviewed for dignity and was evidenced by the following.</p> <p>On 3/10/26 at 11:45 AM, during the initial tour of the ^{NJ Ex Order 26} unit, the surveyor observed the ^{U.S. FOIA (b) (2)} transport Resident #45 in a ^{NJ Ex Order 26, 4B1} from the hallway near room ^{NJ Ex Or} to the lounge area across from the nursing station.</p> <p>The surveyor reviewed the electronic medical record (EMR) for Resident #45.</p> <p>A review of the Admission Record (an admission summary) revealed the resident was admitted to the facility with diagnoses which included but were not limited to ^{NJ Ex Order 26, 4B1} ^{NJ Ex Order 26, 4B1}</p> <p>A review of the most recent quarterly Minimum Data</p>	<p>F0550</p>	<p>Continued from page 7 recliner chairs have the potential to be affected by the deficient practice.</p> <p>No other residents have been observed during rounds on 3/26/2026 by the ^{U.S. FOIA (b) (2)} and the facility ^{NJ Ex Order 26, 4B1} being ^{NJ Ex Order 26, 4B1}</p> <p>What measures will be put into place or what systemic changes will be put in place to ensure the deficient practice does not recur?</p> <p>On 3/17/2026 the facility Staff Educator or designee educated facility staff on the practice of transporting residents in a forward-facing position to maintain their dignity per the policy titled "Resident Rights".</p> <p>The policy titled "Resident Rights" was reviewed by the DON and Administrator on 4/1/2026 and determined that no updates or revisions are necessary at this time.</p> <p>How will the corrective action be monitored to ensure the deficient practice does not recur, i.e. What quality assurance program will be put into place?</p> <p>The DON or designee will conduct weekly observations of 5 residents who rely on staff for transportation in recliner chairs x 4 weeks, then monthly x 3 months to ensure they are front facing while being transported and that their dignity is maintained.</p> <p>The results of these audits will be reviewed at the facility's Quarterly Quality Assurance Meeting x 2 quarters to determine the need for improvement and/or continued monitoring.</p>	<p>05/01/2026</p>

<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315423</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING</p>	<p>(X3) DATE SURVEY COMPLETED 03/16/2026</p>	
<p>NAME OF PROVIDER OR SUPPLIER HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAMILTON AVE , HAMILTON, New Jersey, 08619</p>		
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<p>F0550 SS = D</p>	<p>Continued from page 8 Set ,assessment tool dated NJ Ex Order 26, , revealed the resident had a Brief Interview for Mental Status score of NJ Ex Order 26, 4B1 indicating NJ Ex Order 26, 4B1 . Further review revealed the resident required a NJ Ex Order 26, 4B1 .</p> <p>A review of the individualized comprehensive care plan (ICCP) revealed a focus area with a revision date of NJ Ex Order 26, included NJ Ex Order 26, 4B1 use. The ICCP interventions included assist with NJ Ex Order 26, as needed, assist to participate in activities of choice, NJ Ex Order 26.4b1 to activities as needed.</p> <p>On 3/10/26 at 11:50 AM, the surveyor interviewed the U. S. FOIA , who stated residents should be NJ Ex Order 26.4b1 . She further stated that NJ Ex Order 26, a resident NJ Ex Order 26.4b1 was not the proper way when NJ Ex Order 26.4b1 a resident. The U. S. FOIA acknowledged she should have NJ Ex Order 26, the resident around.</p> <p>On 3/10/26 at 12:08 PM, the surveyor interviewed the U. S. FOIA (b) (2) who stated the proper way to transfer a resident was to NJ Ex Order 26.4b1 . She further stated they should not NJ Ex Order 26, 4B1 .</p> <p>On 3/12/26 at 1:07 PM, the surveyor interviewed the U. S. FOIA (b) (2)) who stated that staff were expected to NJ Ex Order 26, a resident NJ Ex Order 26, facing due to dignity issues. She further stated that it was for the resident's safety. She acknowledged that the U. S. FOIA should not have NJ Ex Order 26, 4B1 .</p> <p>On 3/16/26 at 10:27 AM, the U. S. FOIA (b) (2) in the presence of the U. S. FOIA (b) (2) , and the survey team, were made aware of the above concern for Resident #45. He further acknowledged that the NJ Ex Order 26, 4B1 .</p> <p>A review of the facility policy "Resident Rights" implemented on April 2025 revealed...physical and personal environment...to be treated with courtesy, consideration, and respect for your dignity and individuality... Policy: It is the practice of this facility</p>	<p>F0550</p>		<p>05/01/2026</p>

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F0550 SS = D	<p>Continued from page 9 to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment...Compliance Guidelines: 1. All staff members are involved in providing care to residents to promote and maintain resident dignity and respect resident rights.</p> <p>NJAC 8:39-4.1(a)12,16</p>	F0550		05/01/2026
F0605 SS = D	<p>Right to be Free from Chemical Restraints</p> <p>CFR(s): 483.10(e)(1),483.12(a)(2),483.45(c)(3)(d)(e)</p> <p>§483.10(e) Respect and Dignity.</p> <p>The resident has a right to be treated with respect and dignity, including:</p> <p>§483.10(e)(1) The right to be free from any . . . chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2).</p> <p>§483.12</p> <p>The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must- . . .</p> <p>§483.12(a)(2) Ensure that the resident is free from . . . chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms.</p>	F0605	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #5 was reviewed on 3/30/2026 for any NJ Exec Order 26 effects of the NJ Ex Order 26, 4B1 which was recommended on NJ Ex Order 26, 4B and completed on NJ Ex Order 26, 4B. Resident #5's U. S. FOIA (b) (2) and appropriate decision maker were both notified and approved of the NJ Ex Order 26, 4B on 3/17/2026 the U. S. FOIA (b) (2) was educated by the Director of Nursing (DON) on the importance of following up on residents who have been seen by the U. S. FOIA (b) (2) to ensure that NJ Ex Order 26, 4B are completed in a timely manner including a review of the monthly U. S. FOIA (b) (2) monthly report.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents who receive psychotropic medications have the potential to be affected by the deficient practice.</p> <p>A comprehensive review of residents who receive NJ Ex Order 26, 4B1 medications has been conducted by the U. S. FOIA (b) (2) on 3/30/2026 to ensure that NJ Ex Order 26, 4B1 recommendations for NJ Ex Order 26, 4B1s have been followed in a timely manner. The most recent monthly U. S. FOIA (b) (2) report has also been reviewed for any missed recommendations. No other residents have been identified to have been affected by the deficient practice.</p> <p>What measures will be put into place or what systemic changes will be put in place to ensure the deficient practice does not recur?</p>	05/01/2026

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F0605 SS = D	<p>Continued from page 10</p> <p>§483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:</p> <p>(i) Anti-psychotic;</p> <p>(ii) Anti-depressant;</p> <p>(iii) Anti-anxiety; and</p> <p>(iv) Hypnotic.</p> <p>§483.45(d) Unnecessary drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-</p> <p>(1) In excessive dose (including duplicate drug therapy); or</p> <p>(2) For excessive duration; or</p> <p>(3) Without adequate monitoring; or</p> <p>(4) Without adequate indications for its use; or</p> <p>(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>§483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that--</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p>	F0605	<p>Continued from page 10</p> <p>On 3/17/2026 the U. S. FOIA (b) (2) or designee re-educated the licensed nursing staff on following the facility protocol for reviewing the consultation reports for residents seen by the U. S. FOIA (b) (2) to ensure that any recommendation for a [redacted] is addressed on the day of the consultation and that the monthly U. S. FOIA (b) (2) report is also reviewed for any missed recommendations.</p> <p>The policy titled "Psychotropic Medication Policy" was reviewed by the DON and the facility Administrator on 4/1/2026 and determined no revisions or changed are necessary at this time.</p> <p>How will the corrective action be monitored to ensure the deficient practice does not recur, i.e. What quality assurance program will be put into place?</p> <p>The DON or designee will conduct weekly audits x 4 weeks, then monthly audits x 3 months of 5 residents who receive psychotropic medications are reviewed for GDRs recommended by the Psychiatrist on the day of consultation so that recommendations are not missed. The monthly pharmacy consultant's report will also be reviewed by the DON or designee to identify any missed GDR recommendations.</p> <p>The results of these audits will be reviewed at the facility's Quarterly Quality Assurance Meeting to determine the need for improvement and/or continued monitoring.</p>	05/01/2026

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<p>F0605 SS = D</p>	<p>Continued from page 11 §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to follow up on a physician's recommendation for NJ Ex Order 26, 4B1 ██████████ 1 of 5 residents (Resident #5) reviewed for unnecessary medications.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 3/6/2026 at 11:32 AM, the surveyor observed Resident #5 sitting in a reclining area in the hallway near the nursing station. The resident had a NJ Ex Ord ██████████</p> <p>The surveyor reviewed the electronic medical record (EMR) for Resident #5.</p> <p>A review of the Admission Record (an admission summary) revealed the resident was admitted to the facility with diagnoses which included but were not limited to NJ Ex Order 26, 4B1 ██████████</p>	<p>F0605</p>		<p>05/01/2026</p>

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<p>F0605 SS = D</p>	<p>Continued from page 12 NJ Ex Order 26, 4B1, such as believing they are being NJ Ex Order 26, 4B1 or NJ Ex Order 26, 4B1</p> <p>A review of the quarterly Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26, 4B1 revealed the resident had a Brief Interview for Mental Status (BIMS) of NJ Ex Order 26, 4B1 indicating the resident's cognition was NJ Ex Order 26, 4B1. Further review revealed the resident was receiving NJ Ex Order 26, 4B1 medications.</p> <p>A review of the individualized comprehensive care plan (ICCP) revealed a focus area of NJ Ex Order 26, 4B1 ... NJ Ex Order 26, 4B1 and NJ Ex Order 26, 4B1 with environment, revision on NJ Ex Order 26, 4B1 with an intervention of Monitor [identifier redacted] for NJ Ex Order 26, 4B1</p> <p>A review of the NJ Ex Order 26, 4B1 Note (PPN) dated NJ Ex Order 26, 4B1 revealed ASSESSMENT/PLAN:...2. NJ Ex Order 26, 4B1. Start NJ Ex Order 26, 4B1</p> <p>NJ Ex Order 26, 4B1 is: recommended, as per above... Medication Consent: Recommendations discussed with facility staff, who will await approval from PCP (Primary Care Physician) and then obtain consent from NJ Ex Order 26, 4B1</p> <p>A review of the physician order summary revealed a physician's NJ Ex Order 26, 4B1 Order date NJ Ex Order 26, 4B1; discontinue date NJ Ex Order 26, 4B1</p> <p>A review of the NJ Ex Order 26, 4B1 Medication Administration Record (MAR) revealed the above order was signed as administered as ordered at NJ Ex Order 26, 4B1</p> <p>A review of the progress notes did not reveal documentation the NJ Ex Order 26, 4B1 was addressed by the PCP or the resident representative.</p> <p>Further review of the PPNs dated NJ Ex Order 26, 4B1 revealed the same recommendation as the NJ Ex Order 26, 4B1 PPN.</p> <p>A review of the U. S. FOIA (b) (2) Monthly report dated NJ Ex Order 26, 4B1 revealed a note the NJ Ex Order 26, 4B1 consult dated NJ Ex Order 26, 4B1 recommended NJ Ex Order 26, 4B1</p>	<p>F0605</p>		<p>05/01/2026</p>

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<p>F0605 SS = D</p>	<p>Continued from page 13 NJ Ex Order 26, 4B1</p> <p>Please follow-up with the recommendation and/or documentation. Action Taken NJ Ex Order 26, 4B1 (discontinued) NJ Ex Order 26, 4B1</p> <p>On 3/13/2026 at 11:18 AM, the surveyor interviewed the U.S. FOIA (b) (6), who stated the U.S. FOIA (b) (6) usually sent an email by the next day of their recommendations. She stated as soon as she saw the recommendation she would call the U.S. FOIA (b) (2) to let them know what the U.S. FOIA (b) (2) was recommending. The U.S. FOIA (b) (2) stated if the U.S. FOIA (b) (2) approved it, she would call the resident representative for consent, and documentation would be done with the consent. She stated it would usually be addressed within the day. The U.S. FOIA (b) (2) further stated the U.S. FOIA (b) (2) sends their report with recommendations to the U.S. FOIA (b) (2) who then gave it to the U.S. FOIA (b) (2). She stated the recommendations would then be addressed right away or as soon as possible and that she would expect to see a progress note that it was addressed.</p> <p>At that time, the surveyor and the U.S. FOIA (b) (6) reviewed the PPN note for a NJ Ex Order 26, 4B1, the progress notes from NJ Ex Order 26, 4B1 and the MARs. The U.S. FOIA (b) (6) acknowledged there was no documentation addressing the requested NJ Ex Order 26, 4B1.</p> <p>On 3/13/2026 at 12:57 PM, the surveyor interviewed the U.S. FOIA (b) (2), who acknowledged that a U.S. FOIA (b) (2) recommendation for a NJ Ex Order 26, 4B1 and the U.S. FOIA (b) (2) recommendation should be addressed as soon as they were made. She stated she would expect to see documentation that the U.S. FOIA (b) (2) and the U.S. FOIA (b) (2) were notified whether they agreed or disagreed with the recommendation in progress note. The surveyor reviewed the NJ Ex Order 26, 4B1 recommendation from NJ Ex Order 26, 4B1, the U.S. FOIA (b) (2) stated, "it should have been addressed."</p> <p>On 3/13/2026 at 2:02 PM, during a meeting with the survey team, the U.S. FOIA (b) (2) NJ Ex Order 26, 4B1 Services were made aware of the above concerns.</p> <p>No additional information was provided.</p>	<p>F0605</p>		<p>05/01/2026</p>

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F0605 SS = D	Continued from page 14 A review of the policy "Psychotropic Medication Policy" updated 5/2025 revealed Policy: It is the policy of this facility to ensure Residents only receive psychotropic medication when other nonpharmacological interventions are clinically contraindicated and with gradual dose reduction and behavioral interventions attempted, unless contraindicated...Gradual Dose Reduction: Residents who use psychotropic drugs receive gradual dose reductions, unless clinically contraindicated, in an effort to find an optimal dose of medications, to determine whether continued use of the medication is benefiting the resident or could have dangerous side effects, or to discontinue these drugs...The GDR will be documented in the electronic health record reflecting the date it was attempted, the outcome of the dose reduction attempt and a plan for future evaluation of GDR attempts. N.J.A.C. 8:39-27.1(a)	F0605		05/01/2026
F0607 SS = D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75. §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. §483.12(b)(5)(ii) Posting a conspicuous notice of	F0607	What corrective action will be accomplished for those residents found to have been affected by the deficient practice? No residents were identified to have been affected by the deficient practice of employee #4 not having a criminal background check completed before their hire date of [REDACTED] NJ Exec Order 2025-001. The criminal background check was run on [REDACTED] NJ Exec Order 2025-001 and the results were "No Reportable Records Found". How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents who reside in the facility have the potential to be affected by the identified deficient practice. A complete review of all current employees who have been hired since October 2024 have been reviewed and all have criminal background checks that were completed on or no more than thirty days before date of hire. What measures will be put into place or what systemic changes will be put in place to ensure the deficient practice does not recur?	05/01/2026

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<p>NAME OF PROVIDER OR SUPPLIER HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAMILTON AVE , HAMILTON, New Jersey, 08619</p>		
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<p>F0607 SS = D</p>	<p>Continued from page 15 employee rights, as defined at section 1150B(d)(3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interviews, review of the facility's policy, and other pertinent facility documents, it was determined that the facility failed to implement their abuse policy to complete a criminal background check prior to the first day of work for 1 out of 96 employees (Employee #4). This deficient practice was identified for newly hired employee files reviewed since last survey from [redacted] and was evidenced as follows:</p> <p>During the facility survey dates of 3/10/26-3/16/26, the survey team reviewed the newly hired employee files since the last survey which revealed the following:</p> <p>For Employee #4, a [redacted], with a date of hire (DOH) of [redacted] and first day of work as [redacted] there was no evidence of a background check prior to the start of employment.</p> <p>On 3/13/26 at 2:02 PM, the survey team presented this finding to the administration team including the [redacted].</p> <p>The [redacted] could not provide any additional information regarding this finding.</p> <p>A review of the facility "Resident Abuse/Neglect Policy and Procedure" reviewed by the facility on February 2, 2026, revealed:</p> <p>Purpose: to ensure prevention (of)...abuse, neglect, mistreatment, misappropriation of property, or exploitation of any facility resident.</p> <p>Policy: Screening...All prospective employees, will be carefully screened using the following processes to identify potential risk of abuse/neglect of any resident: 2...background check. Employee criminal and other background checks are run on Applicant Safe.</p> <p>ALL staff (licensed and non-licensed) are screened upon hire and on a monthly basis for exclusions...These records will be maintained in the Human Resources Office.</p>	<p>F0607</p>	<p>Continued from page 15</p> <p>On 3/25/2026 the facility [redacted] re-educated the [redacted] on ensuring that all newly hired employees have a criminal background check on or no more than thirty days before date of hire.</p> <p>The facility policy titled "Resident Abuse/Neglect Policy and Procedure" has been reviewed by the facility Administrator and Director of Nursing on 4/1/2026 and determined that no updates or revisions are necessary at this time.</p> <p>How will the corrective action be monitored to ensure the deficient practice does not recur, i.e. What quality assurance program will be put into place?</p> <p>The facility Administrator or designee will conduct a bi-weekly audit of 5 newly hired employees x 2 weeks, then monthly x 3 months to ensure that all newly hired employees have criminal background checks completed on or no more than thirty days prior to the first day of work.</p> <p>The results of these audits will be reviewed at the facility's Quarterly Quality Assurance Meeting x 2 quarters to determine the need for improvement and/or continued monitoring.</p>	<p>05/01/2026</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315423	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/16/2026
NAME OF PROVIDER OR SUPPLIER HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAMILTON AVE , HAMILTON, New Jersey, 08619	
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F0607 SS = D	Continued from page 16 A review of the facility "Hiring and Recruitment" policy, last reviewed by the facility 8/2025, revealed: Policy...The facility will ensure that all employees meet credentialing, background check, and training requirements before performing resident care duties. Purpose...All staff meet New Jersey ...background check requirements. Policy Guidelines...All employees must undergo criminal history background checks as required by New Jersey law. Employees may not begin work until required screening procedures are completed and approved. Prior to employment, the facility may conduct: Criminal background checks...The facility shall maintain a personnel file for each employee containing: Background check documentation. Personnel files will be maintained in accordance with state and federal requirements. Responsibility-The Administrator and Human Resources Department are responsible for ensuring that hiring procedures comply with regulatory requirements and that all documentation is maintained appropriately. NJAC 8:39-9.3(b)	F0607		05/01/2026
F0640 SS = D	Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4) §483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility: (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment.	F0640	What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Resident #208 has been reviewed, and the discharge assessment was opened as of [redacted] NJ Ex Order 26, 481. The completed assessment was encoded [redacted] NJ Ex Order 26, 481 and transmitted to Centers for Medicare & Medicaid Services (CMS), noting acceptance by CMS as of [redacted] NJ Ex Order 26, 481. The Minimum Data Set (MDS) Coordinator ran the MDS 3.0 Missing Omnibus Budget Reconciliation Act (OBRA) Assessment Report to identify any other potentially missed assessments on [redacted] NJ Ex Order 26, 481. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents in the facility that subsequently discharge have the potential to be affected by the deficient practice.	05/01/2026

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F0640 SS = D	<p>Continued from page 17</p> <p>§483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State.</p> <p>§483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following:</p> <ul style="list-style-type: none"> (i) Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment. <p>§483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and record review, it was determined that the facility failed to complete a discharge Minimum Data Set (MDS), an assessment tool, as required for 1 of 1 system selected residents with a MDS record over 114 days reviewed (Resident #208), and was evidenced by the following:</p> <p>On 3/11/26 at 11:16 AM, the surveyor reviewed the system selected MDS record over 114 days which revealed Resident #208 was overdue for a MDS assessment.</p>	F0640	<p>Continued from page 17</p> <p>Review of the MDS 3.0 Missing OBRA Assessment Report was completed 3/23/2026 by the MDS Coordinator to ensure all assessments have been completed and transmitted</p> <p>What measures will be put into place or what systemic changes will be put in place to ensure the deficient practice does not recur?</p> <p>The facility U. S. FOIA (b) (2) has been re-educated by the Regional MDS Coordinator on the CMS requirement per the Resident Assessment Instrument (RAI) users' manual to complete a discharge MDS and transmit the MDS to CMS within 14 days.</p> <p>The facility MDS Coordinator will review the week's census for a second time at the end of each week to ensure all required discharge assessments are scheduled and then transmitted to CMS within 14 days.</p> <p>How will the corrective action be monitored to ensure the deficient practice does not recur, i.e. What quality assurance program will be put into place?</p> <p>The MDS Coordinator or designee will conduct weekly audits x 4 weeks, then monthly audits x 3 months via review of both the MDS 3.0 Missing OBRA Assessment Report and the MDS 3.0 Roster Report to ensure no discharge assessments have been missed.</p> <p>The results of these audits will be reviewed at the facility's Quarterly Quality Assurance Meeting x 2 quarters to determine the need for improvement and/or continued monitoring.</p>	05/01/2026

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F0640 SS = D	<p>Continued from page 18 A review of Resident #208's electronic medical record (eMR) revealed that the resident was discharged from the facility on [redacted]. A review of the residents' MDS assessments revealed the last MDS completed was a quarterly assessment dated [redacted]. There was no assessment completed for the resident's discharge.</p> <p>On 3/11/26 at 1:00 PM, the surveyor interviewed the U. S. FOIA (b) (2), who confirmed Resident #208 was discharged from the facility on [redacted], and there was no completed MDS assessment for the discharge. The U. S. FOIA (b) (2) further stated that a discharge MDS assessment should have been completed. The U. S. FOIA (b) (2) stated that the resident's assessment was missed.</p> <p>On 3/12/26 at 9:31 AM, the U. S. FOIA (b) (2) stated that the facility does not have a policy related to MDS assessments, but the facility follows the Resident Assessment Instrument Users' manual.</p> <p>On 3/16/26 at 10:27 AM, the U. S. FOIA (b) (2), in the presence of the U. S. FOIA (b) (2) and the survey team, acknowledged that there was no discharge MDS assessment completed when the resident was discharged. He further stated that it should have been done and was corrected immediately.</p> <p>NJAC 8:39 - 11.1</p>	F0640		05/01/2026
F0657 SS = D	<p>Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.</p> <p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p>	F0657	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #1's individualized comprehensive care plan was reviewed and revised on 3/25/2026 by the interdisciplinary team. The care plan was updated to reflect the resident's current clinical status following readmission, including the presence of [redacted] and associated risks. Outdated interventions were removed, and current interventions were added to ensure the care plan accurately reflected the resident's active treatments and needs.</p> <p>2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p>	05/01/2026

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F0657 SS = D	<p>Continued from page 19</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to revise an individual comprehensive care plan for a resident with an order for NJ Exec Order 26.4b1. This deficient practice was identified for 1 of 1 resident reviewed for NJ Exec Order 26.4B1 (Resident #1), and was evidenced by the following:</p> <p>On 3/6/26 at 11:26 AM, during the initial tour of the facility, the surveyor observed Resident #1 sleeping in their bed. The surveyor observed the NJ Exec Order 26.4B1</p> <p>The surveyor reviewed the medical record for Resident #1.</p> <p>A review of the Admission Record face sheet (admission summary) reflected that the resident was admitted to the facility with diagnoses that included but were not limited to: NJ Ex Order 26, 4B1</p> <p>A review of the most recent comprehensive Minimum Data Set, an assessment tool dated NJ Ex Order 26, 4B1 indicated the resident had a Brief Interview for Mental Status (BIMS) score of NJ Ex Order 26, 4B1, indicating</p>	F0657	<p>Continued from page 19</p> <p>All residents re-admitted to the facility within the past 30 days were identified as having the potential to be affected by the deficient practice.</p> <p>On 4/1/2026 the interdisciplinary team reviewed each readmitted resident's comprehensive care plan to ensure timely revision following readmission and consistency with current diagnoses, treatments, and physician orders. Any care plans not reflective of the resident's current condition were revised on 4/1/2026.</p> <p>3. What measures will be put into place or what systemic changes will be put into place to ensure the deficient practice does not recur?</p> <p>On 3/17/2026 the facility implemented a process requiring an interdisciplinary review by the licensed U. S. FOIA (b) (2) of resident's status upon readmission to quickly identify changes in condition compared to status prior to discharge. Care plan will be reviewed and revised based on the resident's current condition, diagnoses, and treatments upon readmission.</p> <p>On 3/17/202 U. S. FOIA (b) (2) were educated by the facility U. S. FOIA (b) (2) on the requirement to revise care plans upon readmission or significant change in condition in accordance with the facility policy titled "Care Plans, Comprehensive Person-Centered".</p> <p>The facility policy titled "Care Plans, Comprehensive Person-Centered" was reviewed by the facility Administrator and the Director of Nursing (DON) on 4/1/2026 and determined no updates or revisions are required at this time.</p> <p>4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The DON or designee will conduct weekly audits for four (4) weeks, then monthly audits for three (3) months, reviewing three (3) newly readmitted residents to ensure comprehensive care plans are revised timely and accurately reflect current needs and interventions.</p> <p>The results of these audits will be reviewed at the Quarterly Quality Assurance Meeting x 2 quarters to determine the need for improvement and/or continued monitoring.</p>	05/01/2026

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<p>F0657 SS = D</p>	<p>Continued from page 20 NJ Ex Order 26, 4B1. A further review of section NJ Ex Order 26, 4B1 status revealed that Resident #1 had a NJ Ex Order 26, 4B1 on admission.</p> <p>A review of the individualized comprehensive care plan (ICCP) included a focus area with a revision date of NJ Ex Order 26, 4B1, for risk for NJ Ex Order 26, 4B1.</p> <p>The ICCP interventions included: to assist as needed during NJ Ex Order 26, 4B1 to take NJ Ex Order 26, 4B1 of NJ Ex Order 26, 4B1 and NJ Ex Order 26, 4B1 or NJ Ex Order 26, 4B1 assist with NJ Ex Order 26, 4B1 only when NJ Ex Order 26, 4B1 provide NJ Ex Order 26, 4B1 as ordered, and monitor for signs of NJ Ex Order 26, 4B1.</p> <p>A further review included a focus area with an initiated date of NJ Ex Order 26, 4B1, receiving NJ Ex Order 26, 4B1 to meet NJ Ex Order 26, 4B1 and NJ Ex Order 26, 4B1 needs. Interventions included administer NJ Ex Order 26, 4B1 as ordered, monitoring for NJ Ex Order 26, 4B1 check residual as ordered, administer NJ Ex Order 26, 4B1 as ordered, and maintain NJ Ex Order 26, 4B1 status.</p> <p>A review of the Order Summary Report included the following physician orders (PO):</p> <p>A PO, dated NJ Ex Order 26, 4B1 NJ Ex Order 26, 4B1 NJ Ex Order 26, 4B1, and NJ Ex Order 26, 4B1 for NJ Ex Order 26, 4B1.</p> <p>A PO, dated NJ Ex Order 26, 4B1 NJ Ex Order 26, 4B1 one time a day and take down when NJ Ex Order 26, 4B1 of NJ Ex Order 26, 4B1 completed.</p> <p>On 3/11/26 at 1:21 PM, the surveyor interviewed the U. S. FOIA (b) (2), who stated care plans were updated or revised every 3 months, annually and as needed when there was a change in the resident's plan of care. The U. S. FOIA (b) (2) confirmed that Resident #1 was strictly NJ Ex Order 26, 4B1. She acknowledged that the residents care plan should have been updated when the residents NJ Ex Order 26, 4B1 changed from NJ Ex Order 26, 4B1 to ensure proper patient care. She further stated that she missed it and was going to fix it immediately.</p> <p>On 3/12/26 at 1:01 PM, the surveyor interviewed the U. S. FOIA (b) (2) who stated that care plans were updated when there was any change in the resident's care. The U. S. FOIA (b) (2) confirmed that the resident's care plan should have been updated when their diet order changed and NJ Ex Order 26, 4B1 were started. The U. S. FOIA (b) (2) further stated that it was the</p>	<p>F0657</p>		<p>05/01/2026</p>

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F0657 SS = D	<p>Continued from page 21. responsibility of the [U.S. FOIA (b) (2)] and nursing team to update the care plans. The [U.S. FOIA (b) (2)] stated that care plans were important because they reflect how to manage the resident's care.</p> <p>On 3/16/26 at 10:27 AM, th [U.S. FOIA (b) (2)] in the presence of the [U.S. FOIA (b) (2)], and the survey team, acknowledged that a care plan should be updated when there were any changes in the residents' care.</p> <p>A review of the facility's "Care Plans, Comprehensive Person-Centered" policy, reviewed March 2025, included a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident...includes the resident's stated goals upon admission and desired outcomes...reflects currently recognized standards of practice for problem areas and conditions...assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change...the interdisciplinary team reviews and updates the care plan when there has been a significant change in the resident's condition...</p> <p>NJAC 8:39-27.1(a)</p>	F0657		05/01/2026
F0658 SS = D	<p>Services Provided Meet Professional Standards</p> <p>CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans</p> <p>The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure nursing staff appropriately follow a physician orders (PO) and acceptable standards of clinical practice in accordance with the New Jersey Board of Nursing Statutes. The deficient practice was identified for 1 of 2 residents (Resident #142) reviewed for [U.S. FOIA (b) (2)]</p>	F0658	<p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #142 was interviewed by the [U.S. FOIA (b) (2)] or [U.S. FOIA (b) (2)] and is [U.S. FOIA (b) (2)] with number of [U.S. FOIA (b) (2)] received and the frequency of the [U.S. FOIA (b) (2)] times. Licensed Practical Nurse #1 was educated on [U.S. FOIA (b) (2)] by the [U.S. FOIA (b) (2)] on the importance of reading and carrying out a physician order and importance of providing accurate documentation in resident's clinical record to reflect the status of the resident. The physician's order to give [U.S. FOIA (b) (2)] on the 7-3 (day shift) & 3-11 (evening shift) shifts was discontinued on [U.S. FOIA (b) (2)] Resident #142's [U.S. FOIA (b) (2)] and [U.S. FOIA (b) (2)] will be held and distributed by the Activity Staff who provide supervised [U.S. FOIA (b) (2)].</p> <p>2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p>	05/01/2026

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<p>F0658 SS = D</p>	<p>Continued from page 22</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>On 3/06/2026 at 11:32 AM, during the initial tour of the secured [redacted] unit, the surveyor observed Resident #142, dressed, sitting in a wheelchair in the common area by the nurse's station.</p> <p>A review of the facility provided [redacted] list revealed Resident #142 was [redacted].</p> <p>The surveyor reviewed the electronic medical record (EMR) for Resident #142.</p> <p>A review of the Admission Record (an admission summary) revealed the resident was admitted to the facility with diagnoses which included but were not limited to: NJ Ex Order 26, 4B1 [redacted]</p> <p>A review of the quarterly Minimum Data Set (MDS), an assessment tool dated [redacted], revealed the resident had a Brief Interview for Mental Status (BIMS) of [redacted] indicating the resident was [redacted] NJ Ex Order 26, 4B1.</p> <p>A review of the individual comprehensive care plan (ICCP) revealed a focus of requires supervision with [redacted] resident chooses to [redacted] in [redacted] spite of the possible ill effects of [redacted] Date [redacted]</p>	<p>F0658</p>	<p>Continued from page 22</p> <p>All residents who smoke have the potential to be affected by the deficient practice. A comprehensive review of residents who smoke has been completed by the [redacted] on [redacted] and no other residents were found with physician orders for the nurse to provide cigarettes.</p> <p>3. What measures will be put into place or what systemic changes will be put into place to ensure the deficient practice does not recur?</p> <p>On 3/17/2026 the facility Staff Educator or designee in serviced licensed nursing staff on the facility policy titled "Documentation Policy" with emphasis on the importance of carrying out the physician order and providing accurate documentation to reflect the status of the resident in the resident's clinical record.</p> <p>The facility Administrator and DON reviewed the policy titled "Documentation" on 4/1/2026 and determined no updates or revisions are needed at this time.</p> <p>4. How will the corrective action be monitored to ensure the deficient practice does not recur, i.e. What quality assurance program will be put into place?</p> <p>The DON or designee will conduct weekly audits x 4 weeks, then monthly x 3 months audits of 5 residents who smoke to ensure that any physician order related to smoking is being carried out by the nurse and accurate documentation has been recorded in the resident's medical record. The results of these audits will be reviewed at the facility's Quarterly Quality Assurance Meeting x 2 quarters to determine the need for improvement and/or continued monitoring.</p>	<p>05/01/2026</p>

<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315423</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING</p>	<p>(X3) DATE SURVEY COMPLETED 03/16/2026</p>	
<p>NAME OF PROVIDER OR SUPPLIER HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAMILTON AVE , HAMILTON, New Jersey, 08619</p>		
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<p>F0658 SS = D</p>	<p>Continued from page 23 Initiated [redacted] NJ Exec Order 26,4B1.</p> <p>A review of the [redacted] NJ Exec Order 26 evaluation dated [redacted] NJ Exec Order 26,4B1 revealed section AA. Entry Question 1. Does resident [redacted] NJ Exec Order 26 A. [redacted] NJ Exec Order 26 was selected.</p> <p>A review of the physician orders revealed a PO: NJ Ex Order 26, 4B1 KEPT BY STAFFS [redacted] NJ Ex Order 26 TO BE GIVEN ON [redacted] NJ Ex Order 26 AND [redacted] NJ Ex Order 26 every day and evening shift. Start date: [redacted] NJ Ex Order 26, 4B1.</p> <p>A review of the [redacted] NJ Ex Order 26, 4B1 Medication Administration Record (MAR) revealed Licensed Practical Nurse (LPN) #1 had signed the above order as completed as ordered on 6 day shifts.</p> <p>A review of the [redacted] NJ Ex Order 26, 4B1 MAR revealed LPN #1 had signed the above mentioned PO as completed as ordered on 6 day shifts, including day shift on [redacted] NJ Ex Order 26, 4B1.</p> <p>On 3/12/2026 at 11:33 AM, the surveyor interviewed LPN #1, who stated she was Resident #142's assigned nurse. She stated Resident #142 took their medications every day. She added the resident [redacted] NJ Ex Order 26. The surveyor asked LPN #1 if Resident #142 [redacted] NJ Ex Order 26, and the LPN #1 stated she [redacted] NJ Ex Order 26, 4B1." The surveyor asked what her signature abbreviations meant, she stated if she signed it (the MAR), it meant she did it. At that time, LPN #1 reviewed the MARs with the surveyor, she acknowledged and verified her signature abbreviations. She was unable to answer why she had signed the order as being completed on multiple days.</p> <p>On 3/12/2026 at 11:36 AM, the surveyor interviewed Registered Nurse/Unit Manager (RN/UM #1), who stated Resident #142 was [redacted] NJ Ex Order 26, 4B1." She stated the resident did not [redacted] NJ Ex Order 26, 4B1 RN/UM #1 stated if the MARs were signed as being done, it meant it should have been done. The surveyor made RN/UM #1 aware LPN #1 was unable to speak to being aware the resident [redacted] NJ Ex Order 26 or why she was signing the MARS as administering the [redacted] NJ Ex Order 26, 4B1.</p> <p>On 3/12/2026 at 11:58 AM, the surveyor interviewed the [redacted] U. S. FOIA (b) (2) who stated if nurses</p>	<p>F0658</p>		<p>05/01/2026</p>

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F0658 SS = D	<p>Continued from page 24 signed the MARs they were giving [redacted] per day and [redacted] per night, they should be giving them. They should not be signing they were, if they were not giving them. The surveyor made her aware of the above mentioned findings.</p> <p>On 3/13/2026 at 2:02 PM, during a meeting with the survey team, the U. S. FOIA (b) (2) [redacted] were made aware of the above concerns.</p> <p>No additional information was provided.</p> <p>A review of the facility's policy "Documentation Policy" reviewed 9/2025 revealed Policy: Documentation is a professional tracking to enhance continuity of care. The key goals of sound clinical documentation are to describe information in a way that everyone can understand what is happening to the resident and to enhance continuity of care so that the staff on all shifts and among all disciplines will know what must be carried out to monitor outcomes of care.</p> <p>NJAC 8:39-27.1 (a)</p>	F0658		05/01/2026
F0677 SS = D	<p>ADL Care Provided for Dependent Residents</p> <p>CFR(s): 483.24(a)(2)</p> <p>§483.24(a)(2) 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;</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, interviews, and review of pertinent facility documents, it was determined that the facility failed to a.) ensure that [redacted] was provided to a dependent resident in a timely manner. This deficient practice was identified for 1 of 10 residents (Resident #147) observed during [redacted] and b.) provide a resident with [redacted] during activities of daily living (ADL) care. This deficient practice was identified for 1 of 7 residents reviewed for ADL care (Resident #195),</p> <p>This deficient practice was evidenced by the following:</p>	F0677	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #147 no longer resides in the facility. Resident #147 immediately had [redacted] provided by the U. S. FOIA (b) (2) [redacted] on [redacted] Resident #147's [redacted] was assessed on [redacted] and no [redacted] was noted. Certified Nursing Assistant (CNA) #1 and CNA #2 were educated on [redacted] by the U. S. FOIA (b) (2) [redacted] and appropriately disciplined to check residents who are [redacted] at the beginning of their shift, every 2-3 hours and again at the end of their assigned shift to ensure they receive [redacted]</p> <p>Resident #195 had [redacted] completed on [redacted]. LPN #3 was re-educated by the [redacted] on [redacted] to [redacted] has been performed as per the physician order and document accordingly. CNA #3 was re-educated by the U. S. FOIA (b) (2) [redacted] on [redacted] to provide [redacted] for [redacted] residents weekly as scheduled</p>	05/01/2026

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<p>F0677 SS = D</p>	<p>Continued from page 25 1. On 3/11/26 at 7:54 AM, during NJ Ex Order 26, 4B1 rounds with Registered Nurse/Unit Manager (RN/UM) #1, the surveyor observed Resident #147's NJ Ex Order 26, 4B1 completely NJ Ex Order 26, 4B1, and NJ Ex Order 26, 4B1 on multiple areas on the top sheet. At that time, the surveyor asked RN/UM #1, if she had any concern with the observation. She stated that it was a concern because the resident was NJ Ex Order 26, 4B1 RN/UM #1 stated that the resident's NJ Ex Order 26, 4B1 should not have been NJ Ex Order 26, 4B1 because "the other shift (11:00 PM-7:00 AM) just left and the resident should not have been left in this condition." RN/UM #1 further stated that leaving the resident in a NJ Ex Order 26, 4B1 put the resident at risk for NJ Ex Order 26, 4B1. The surveyor asked RN/UM #1 when Resident #147's last NJ Ex Order 26, 4B1 was completed. RN/UM#1 reviewed the Electronic Medical Record (EMR) system in the presence of the surveyor and confirmed the last documented NJ Ex Order 26, 4B1 was on 3/10/26 at 10:59 PM during the 3:00 PM-11:00 PM shift. RN/UM #1 confirmed that there was no documentation for the resident or during the 11:00PM-7:00 AM shift for NJ Ex Order 26, 4B1. On 3/11/26 at 8:26 AM, the assigned Licensed Practical Nurse (LPN #1) stated that she received report from the 11:00 PM-7:00 AM nurse that the resident was changed and dry. LPN #1 stated, "I did not check the resident." On 3/11/26 at 8:31 AM, the assigned Certified Nursing Assistant (CNA #1) stated that she was assigned to Resident #147 and arrived late on the unit. On 3/11/26 at 8:35 AM, during a follow up observation with CNA #1 and LPN #1 revealed Resident #147's top sheet had NJ Ex Order 26, 4B1 and the surveyor noted a NJ Ex Order 26, 4B1. Resident #147 was NJ Ex Order 26, 4B1 and NJ Ex Order 26, 4B1 were observed on the bed padding and fitted sheet. On 3/11/26 at 8:45 AM, during a follow up interview with the surveyor, LPN #1 confirmed that the resident was NJ Ex Order 26, 4B1, the NJ Ex Order 26, 4B1, and the resident's fitted sheet had NJ Ex Order 26, 4B1.</p>	<p>F0677</p>	<p>Continued from page 25 and to notify the nurse if residents refuse or they are unable to complete the NJ Ex Order 26, 4B1. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents who are dependent on facility staff for NJ Ex Order 26, 4B1 have the potential to be affected by the deficient practice. A comprehensive audit has been completed by the facility U.S. FOIA (b) (2) or NJ Ex Order 26, 4B1 to ensure that all current residents have had NJ Ex Order 26, 4B1 provided and that they have had ringmail care completed. Any residents who refused have had documentation entered into their medical record. What measures will be put into place or what systemic changes will be put into place to ensure the deficient practice does not recur? On 3/17/2026 the facility Staff Educator or designee in-serviced CNA staff on the facility policy of performing timely NJ Ex Order 26, 4B1, and NJ Ex Order 26, 4B1 weekly as scheduled. On 3/17/2026 the facility NJ Ex Order 26, 4B1 or designee educated licensed nursing staff on the importance of ensuring that U.S. FOIA (b) (2) are completing NJ Ex Order 26, 4B1 and NJ Ex Order 26, 4B1 as ordered and to document the outcomes accurately in the resident's medical record. The facility policies titled "Activities of Daily Living", "Documentation Policy" and "C.N.A. Standards of Care" was reviewed by the facility Administrator and Director of Nursing (DON) on 4/1/2026 and determined no updates or revisions were needed at this time. How will the corrective action be monitored to ensure the deficient practice does not recur, i.e. What quality assurance program will be put into place? The DON or designee will conduct weekly audits x 4 weeks, then monthly audits x 3 months of 5 residents who are incontinent of bowel and bladder and require assistance for incontinent care to ensure the care is provided in a timely manner.</p>	<p>05/01/2026</p>

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<p>F0677 SS = D</p>	<p>Continued from page 26 LPN #1 stated that the resident should not have been NJ Ex Order 26, 4B1 because it could cause NJ Ex Order 26, 4B1. LPN #1 stated that the resident was there for care and needed help from staff. LPN #1 further stated that the previous shift should have taken care of the resident and done the care, including NJ Ex Order 26, 4B1 the resident's NJ Ex Order 26, 4B1.</p> <p>On 3/11/26 at 11:35 AM, the surveyor tried to reach the assigned CNA (CNA #2) on the 11:00 PM-7:00 AM shift via telephone and got no response.</p> <p>On 3/11/26 at 11:37 AM, the surveyor interviewed the assigned nurse on 11:00 PM-7:00 AM shift, LPN #2, via telephone. When the surveyor asked LPN #2 if the resident should have been NJ Ex Order 26, 4B1, she stated, "No, the resident should not have been NJ Ex Order 26, 4B1, that shows that the previous shift did not do their job." LPN #2 further stated that if the resident was not changed in a timely manner, resident could have NJ Ex Order 26, 4B1. LPN #2 stated CNA #2 did not answer the call light multiple times and she had to remind the CNA that the residents needed to be NJ Ex Order 26, 4B1.</p> <p>The surveyor reviewed the electronic medical record (EMR) for Resident #147.</p> <p>A review of the Resident's Admission Record (AR) (an admission summary) revealed that the resident was admitted to the facility with diagnoses which included but were not limited to; NJ Ex Order 26, 4B1 [REDACTED]</p> <p>A review of the resident's Annual Minimum Data Set, (MDS), an assessment tool used to facilitate the management of care, dated NJ Ex Order 26, 4B1, revealed that the resident had a Brief Interview for Mental Status (BIMS) score of NJ Ex Order 26, 4B1 which indicated the resident was NJ Ex Order 26, 4B1. A further review of the resident's MDS, revealed that the resident was NJ Ex Order 26, 4B1 or NJ Ex Order 26, 4B1.</p> <p>A review of the Individual Comprehensive Care Plan (ICCP) revealed a "Focus: Risk for NJ Ex Order 26, 4B1</p>	<p>F0677</p>	<p>Continued from page 26</p> <p>The DON or designee will conduct weekly audits x 4 weeks, then monthly x 3 months of residents who are dependent on staff for fingernail care to ensure it is completed weekly as scheduled and the documentation is accurate.</p> <p>The results of these audits will be reviewed at the facility's Quarterly Quality Assurance Meeting x 2 quarters to determine the need for improvement and/or continued monitoring.</p>	<p>05/01/2026</p>

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<p>F0677 SS = D</p>	<p>Continued from page 27 r/t (related to) NJ Ex Order 26, 4B1 Revised on ^{NJ Exec Order} Interventions: Offer/assist with NJ Ex Order 26, 4B1, before/after ^{NJ Exec Ord} and activities, and at HS (night); Provide prompt ^{NJ Exec Order 26, 4b1} care..... Initiated on ^{NJ Exec Order 26, 4b1} .. On 3/13/26 at 10:38 AM, the surveyor interviewed the U. S. FOIA (b) (2) who stated the expectation was for all 3 shifts was to do rounding on residents, to ^{NJ Exec Order} the residents if ^{NJ Exec Ord} at least two times each shift, and as needed. The ^{U. S. FOIA} stated, "No resident should be ^{NJ Exec Order 26, 4} and ^{NJ Exec Ord} like that at all. The ^{U. S. FOIA} should have reported concerns to the supervisor. The ^{U. S. FOIA} should have provided care to the resident to ^{NJ Ex Order 26, 4B1} and if the ^{U. S. FOIA} had difficulty, she should have called the nurse for assistance." When the surveyor asked the ^{U. S. FOIA} what the expectation for documentation for Resident #147, she stated that the expectation was for U. S. FOIA (b) (2) to be completed it when care was provided. 2. On 3/6/26 at 11:40 AM, during the initial tour of the ^{NJ Ex Order 26, 4B1} unit, the surveyor observed Resident #195 in the main area, across from the nurse's station. The surveyor noted the residents ^{NJ Ex Order} to be NJ Ex Order 26, 4B1, with a NJ Ex Order 26, 4B1 The surveyor reviewed the electronic medical record (EMR) for Resident #195. A review of the Admission Record revealed the resident was admitted to the facility with diagnoses which included but were not limited to: ^{NJ Ex Order 26, 4B1} A review of the annual MDS dated ^{NJ Ex Order 26}, revealed the resident had a BIMS of ^{NJ Ex Order 26, 4B1} indicating the resident was NJ Ex Order 26, 4B1 Further review revealed the resident was ^{NJ Ex Order 26, 4B1} on ADL care. A review of the ICCP revealed a focus of potential</p>	<p>F0677</p>		<p>05/01/2026</p>

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<p>F0677 SS = D</p>	<p>Continued from page 28 for NJ Ex Order 26, 4B1 (diagnosis) NJ Ex Order 26, 4B1. Revision on: NJ Ex Order 26, 4B1 with intervention of allow [identifier redacted] time to calm down. Revisit to provide needed care when NJ Ex Order 26, 4B1. A review of the order summary report revealed a physician's order (PO) to ensure that NJ Ex Order 26, 4B1 are NJ Ex Order 26, 4B1 and NJ Ex Order 26, 4B1 as needed. every day shift every Tue for Provision of NJ Ex Order 26, 4B1, dated NJ Ex Order 26, 4B1. A review of the NJ Ex Order 26, 4B1 Treatment Administration Record (TAR) revealed the above PO was signed as being completed as ordered by Licensed Practical Nurse (LPN) #3 for the day shift on NJ Ex Order 26, 4B1. On 3/11/2026 at 7:46 AM, during NJ Ex Order 26, 4B1 with RN/UM #2, the surveyor requested RN/UM #2 to look at the resident's NJ Ex Order 26, 4B1. The surveyor made RN/UM#2 aware of the observation during the initial tour on NJ Ex Order 26, 4B1. RN/UM #2 acknowledged the NJ Ex Order 26, 4B1 should not be that NJ Ex Order 26, 4B1 everyday as needed. At that time, Certified Nursing Assistant (CNA) #3 entered the room with the resident's breakfast tray. CNA#3 confirmed he was the residents assigned CNA and that he was the assigned CNA resident yesterday. CNA#3 stated AM care included NJ Ex Order 26, 4B1 and doing the residents NJ Ex Order 26, 4B1. The surveyor asked if he did the residents NJ Ex Order 26, 4B1 yesterday, he stated "No, the resident was resistant to care." The surveyor asked what he should he have done, he stated, "I should have reported it, but it slipped my mind." On 3/12/26 at 11:33 AM, the surveyor interviewed LPN #3, who stated she was Resident #195's assigned nurse. She stated the if she saw the resident needed their NJ Ex Order 26, 4B1, she would let the NJ Ex Order 26, 4B1 know immediately. She stated if a resident refused it, it would be documented. In the presence of the surveyor, LPN #3 reviewed the TARS and acknowledged she had signed NJ Ex Order 26, 4B1 was done on NJ Ex Order 26, 4B1 for the day shift. She stated if she signed it (the TAR), she did it. The surveyor made her aware of the observation with RN/UM#2 on NJ Ex Order 26, 4B1 of Resident #195's NJ Ex Order 26, 4B1. LPN #3 could not explain why she had signed the NJ Ex Order 26, 4B1 was completed.</p>	<p>F0677</p>		<p>05/01/2026</p>

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<p>F0677 SS = D</p>	<p>Continued from page 29 On 3/12/26 at 11:36 AM, RN/UM #1 reviewed the EMR in the presence of the surveyor. She acknowledged if LPN #3 had signed the TARS on [redacted] then "yes, she should have done [redacted]". RN/UM #2 reviewed the progress notes and verified that LPN #3 did not document that Resident#195 refused [redacted].</p> <p>On 3/12/26 at 11:52 AM, the surveyor interviewed the [redacted] U. S. FOIA (b) (2) who stated [redacted] was a standard of care and was part of daily care. The surveyor made the [redacted] U. S. FOIA aware of the above observations on [redacted] NJ Ex Order 26, 4B1. The [redacted] U. S. FOIA (b) (2) reviewed the TARS in presence of surveyor and stated if it was signed, it meant it was done and if it wasn't there should be a progress note as to why it was not.</p> <p>On 3/13/2026 at 2:02 PM, during a meeting with the survey team,</p> <p>the [redacted] U. S. FOIA (b) (2) [redacted] were made aware of the above concerns.</p> <p>No additional information was provided.</p> <p>A review of the facility's policy "Activities of Daily Living (ADLS), Supporting" reviewed 3/2025 revealed Policy: Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene...2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with c. elimination (toileting)." ...4. If residents with cognitive impairment or dementia resist care, staff will attempt to identify the underlying cause of the problem and not just assume the resident is refusing or declining care. Approaching the resident in a different way or at a different time, or having another staff member speak with the resident may be appropriate.</p> <p>A review of the facility's policy "Documentation Policy" reviewed 9/2025 revealed Policy: Documentation is a professional tracking to enhance continuity of care. The key goals of sound clinical documentation are to describe information in a way that everyone can understand what is happening to</p>	<p>F0677</p>		<p>05/01/2026</p>

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<p>NAME OF PROVIDER OR SUPPLIER HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAMILTON AVE , HAMILTON, New Jersey, 08619</p>		
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<p>F0677 SS = D</p>	<p>Continued from page 30 the resident and to enhance continuity of care so that the staff on all shifts and among all disciplines will know what must be carried out to monitor outcomes of care...Where It Will Be Documented" revealed, "All documentation will be documented in the Electronic Health Record (HER) which in this facility is [name redacted]."</p> <p>A review of the facility's "C. N. A Standards of Care" reviewed 9/2025, revealed Procedure:...21. All resident's' nails to be maintained clean, trimmed and checked weekly with showers...29. "As a guide check every incontinent resident every two hours while awake and check/change at night & change as needed; 30). Residents should be rounded on and checked within 1-2 hours of shift for need of incontinence care.</p> <p>NJAC 8:39-27.2 (g)(h)</p>	<p>F0677</p>		<p>05/01/2026</p>
<p>F0695 SS = D</p>	<p>Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning.</p> <p>The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>This REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, record review, and review of facility documents, it was determined that the facility failed to ensure NJ Ex Order 26, 4B1 [redacted] care was completed using sterile technique per facility policy and clinical guidelines.</p> <p>This deficient practice was identified for 1 of 4 residents (Resident #46) reviewed for NJ Ex Order 26, 4B1 and was evidenced by the following: On 3/11/26 between 10:20 AM and 10:37 AM, the surveyor observed the U. S. FOIA (b) (2) [redacted] perform NJ Ex Order 26, 4B1 for Resident #46. During that time, the U. S. FOIA (b) (2) [redacted] was first observed performing hand hygiene, then placing a nonsterile</p>	<p>F0695</p>	<p>How will corrective action be accomplished for those individual residents who were found to be affected by the deficient practice? Resident #46 has been monitored for NJ Ex Order 26, 4B1 and has not had any NJ Ex Order 26, 4B1 related to the identified deficient practice. On NJ Ex Order 26, 4B1 the U. S. FOIA (b) (2) [redacted] who performed the NJ Ex Order 26, 4B1 care for resident #46 was re-educated by the U. S. FOIA (b) (2) [redacted] on the correct sterile procedure to follow when performing NJ Ex Order 26, 4B1 and was observed performing NJ Ex Order 26, 4B1 using proper NJ Ex Order 26, 4B1 technique.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice? All residents residing in the facility with a NJ Ex Order 26, 4B1 have the potential to be affected by the deficient practice.</p> <p>All residents with NJ Ex Order 26, 4B1 were monitored and none have shown any NJ Ex Order 26, 4B1 related to the identified deficient practice on 3/17/2026.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the</p>	<p>05/01/2026</p>

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<p>F0695 SS = D</p>	<p>Continued from page 32</p> <p>A review of the individual comprehensive care plan (ICCP) included a focus area, dated [redacted], that the resident was at risk for complications related to having a [redacted] NJ Ex Order 26, 4B1. Interventions included monitoring [redacted] NJ Ex Order 26, 4B1 and performing [redacted] NJ Ex Order 26, 4B1 every shift.</p> <p>A review of the Order Summary Report (OSR), included the following physician orders (PO):</p> <p>A PO, dated [redacted] NJ Ex Order 26, for [redacted] NJ Ex Order 26, 4B1 every shift.</p> <p>A PO, dated [redacted] NJ Ex Order 26, for [redacted] NJ Ex Order 26, 4B1 every shift.</p> <p>A PO, dated [redacted] NJ Ex Order 26, for [redacted] NJ Ex Order 26, 4B1, every shift.</p> <p>A PO, dated [redacted] NJ Ex Order 26, for [redacted] NJ Ex Order 26, 4B1 as needed for [redacted] NJ Ex Order 26, 4B1.</p> <p>On 3/13/26 at 11:17 AM, the surveyor interviewed the [redacted] U.S. FOIA who stated that nursing carried out respiratory care every shift as ordered by the physician and that staff were in-serviced on the procedure. When asked if [redacted] NJ Ex Order 26, 4B1 required [redacted] NJ Ex Order 26, 4B1 technique the [redacted] U.S. FOIA replied yes, it did. She further stated that the sterile gloves in the kit should be used when performing [redacted] NJ Ex Order 26, 4B1. The [redacted] U.S. FOIA stated they did not remember if they had used the sterile gloves from the kit during care. The surveyor then asked the [redacted] U.S. FOIA why maintaining sterility and using [redacted] NJ Ex Order 26, 4B1 technique was important for a [redacted] patient during [redacted] NJ Ex Order 26, 4B1. The [redacted] replied that they were important measures used to prevent the spread of infections.</p> <p>On 3/13/26 at 10:57 AM, the surveyor interviewed the [redacted] U.S. FOIA (b) (2) who stated that nursing was responsible for carrying out [redacted] NJ Ex Order 26, 4B1 and were recently in-serviced by the facility. When asked what gloves should be used during [redacted] NJ Ex Order 26, 4B1 the [redacted] U.S. FOIA stated staff should use the ones provided in the [redacted] NJ Ex Order 26, 4B1 care kit, the sterile gloves. When asked if any nonsterile items should be placed onto the sterile field during care the [redacted] U.S. FOIA</p>	<p>F0695</p>		<p>05/01/2026</p>

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F0695 SS = D	<p>Continued from page 33 stated no, that [redacted] technique should be used to minimize the [redacted] for a [redacted] resident.</p> <p>On 3/13/26 at 1:15 PM, the surveyor interviewed the [redacted] U. S. FOIA (b) (2)). When asked how the facility makes sure nurses were competent in [redacted] NJ Ex Order 26, 4B1 the [redacted] U.S. FOIA (b) (2) replied that the facility recently had [redacted] NJ Ex Order 26, 4B1 education taught by a [redacted] U. S. FOIA (b) (2) , competencies were done yearly and the procedure was taught during orientation. When asked if [redacted] NJ Ex Order 26, 4B1 would be considered a clean or sterile procedure and if any aseptic technique should be used, the [redacted] U.S. FOIA (b) (2) replied that the procedure was sterile because of the airway and it "had to be very particular for [redacted] NJ Ex Order 26, 4B1 control," she stated that the sterile gloves inside of the [redacted] NJ Ex Order 26, 4B1 kit should be used and that nonsterile items should not be placed onto the sterile field.</p> <p>On 3/13/26 at 2:02 PM, the surveyor made the [redacted] U. S. FOIA (b) (2)) aware of the concerns that were identified with the resident's [redacted] NJ Ex Order 26, 4B1</p> <p>A review of the facility's undated "Tracheostomy Care" policy..."Procedure for Changing Disposable Inner Cannula: 1. Wash hands and explain procedure to the patient. 2. Confirm the patient's identification using two identifiers. 3. Gather equipment: sterile disposable inner cannula, sterile suction catheter, sterile container, sterile gloves, sterile water, trach ties, drain sponge, sterile cotton applicators. 4. Put sterile gloves on...12. Using aseptic technique, cleanse the stoma site with the hydrogen peroxide, rinse with sterile water and dry it with a sterile 4x4 dressing...It is recommended infection control practice that trach care be performed on each shift."</p> <p>NJAC 8:39-27.1(a)</p>	F0695		05/01/2026
F0730 SS = D	<p>Nurse Aide Perform Review – 12Hr/Year In- service</p> <p>CFR(s): §483.35(d)(7)</p> <p>§483.35(d)(7) Regular in-service education.</p> <p>The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on</p>	F0730	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>No residents were found to be affected by this deficient practice. All 5 [redacted] U. S. FOIA (b) (2) received an annual evaluation immediately by the [redacted] U. S. FOIA (b) (2)</p>	05/01/2026

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F0730 SS = D	<p>Continued from page 34 the outcome of these reviews. In-service training must comply with the requirements of §483.95(g).</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview, record review, and review of facility documents, it was determined that the facility failed to evaluate the performance of [REDACTED] on an annual basis.</p> <p>This deficient practice was identified for five (5) of five (5) CNAs whose randomly selected employee files were reviewed and was evidenced by the following:</p> <p>On 3/11/26 at 9:34 AM, the surveyor requested the education and performance reviews for five (5) randomly selected CNAs.</p> <p>The surveyor reviewed the education provided by the facility for the five (5) CNAs. No performance evaluations were provided.</p> <p>On 3/11/26 at 11:10 AM, the performance evaluations were requested from the [REDACTED] who could not provide them.</p> <p>On 3/13/26 at 12:00 PM, the performance evaluations were requested from the [REDACTED] who could not provide them.</p> <p>03/13/2026 at 12:16 PM, the [REDACTED] stated to the survey team "There are no performance evaluations for the last year for [REDACTED] because they are unionized. There are also no facility policies for performance evaluations."</p> <p>A review of the facility "Hiring and Recruitment" policy, last reviewed by the facility 8/2025, revealed:</p> <p>Policy Guidelines, Personnel Records-The facility shall maintain a personnel file for each employee containing...Performance evaluations.</p> <p>Personnel files will be maintained in accordance with state and federal requirements.</p> <p>NJAC 8:39-43.17 (b)</p>	F0730	<p>Continued from page 34</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>What measures will be put into place or what systemic changes will be put in place to ensure the deficient practice does not recur?</p> <p>The Assistant Director of Nursing or Designee, staff educator, and Human Resource Director will utilize a spreadsheet with active employee hire dates to ensure that annual evaluations are completed. Staff educator or designee will track annual evaluations together with the mandatory Certified Nursing Assistant annual education requirements.</p> <p>How will the corrective action be monitored to ensure the deficient practice does not recur, i.e. What quality assurance program will be put into place?</p> <p>Human Resource Director or designee will audit 10 annual Certified Nursing Assistant evaluations for 1 month and then 5 annual evaluations for the following 2 months.</p> <p>Findings will be presented at the Quarterly Quality Assurance meeting to determine if continued auditing is necessary.</p>	05/01/2026
F0755 SS = D	<p>Pharmacy Svcs/Procedures/Pharmacist/Records</p> <p>CFR(s): 483.45(a)(b)(1)-(3)</p>	F0755	<p>How will corrective action be accomplished for those individual residents who were found to be affected by the deficient practice?</p>	05/01/2026

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<p>F0755 SS = D</p>	<p>Continued from page 35 §483.45 Pharmacy Services</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interviews, and review of pertinent facility documents, it was determined that the facility failed to ensure medications were administered to a resident according to standards of practice. This deficient practice was identified for 1 of 36 (Resident #9) residents reviewed and was evidenced by the following:</p> <p>On 3/6/26 at 1:30 PM, the surveyor observed Resident #9 lying in their bed, awake, eating their lunch which was on their overbed table. The surveyor observed a medication cup with two (2) unidentified medication tablets in it, on the overbed table. At that time, the surveyor requested the U. S. FOIA (b) (2) come to the room. The U. S. FOIA (b) (2) acknowledged that in the medication cup there were NJ Ex Order 26, 4B1. At this time, the resident stated</p>	<p>F0755</p>	<p>Continued from page 35</p> <p>Resident #9 received all the medications that were scheduled at [redacted] including the two medications that were left in the medication cup at bedside. The U. S. FOIA (b) (2) who was assigned to administer resident #9's medications was re-educated or [redacted] by the Director of Nursing (DON) on the importance of confirming that the resident has [redacted] the medications before leaving to ensure they are administered in a safe and effective manner.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>All residents who reside in the facility and have physician orders for medications have the potential to be affected by the identified deficient practice.</p> <p>A review of all residents was conducted on 3/17/2026 by the U. S. FOIA (b) (2) and no residents were found with medications left at the bedside.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice will not recur?</p> <p>On 3/17/2026 the facility Staff Educator and/or facility Pharmacy Consultant re-educated the licensed nursing staff on the facility policy titled "Administration Procedures for All Medications" with emphasis on ensuring the resident has consumed all the medications scheduled to be administered before leaving the resident.</p> <p>On 4/2/2026 the facility U. S. FOIA (b) (2) or facility U. S. FOIA (b) (2) has completed successful medication administration observations on licensed nurses to ensure residents take all scheduled medications and none are left at bedside.</p> <p>The facility policy titled "Administration Procedures for All Medications" has been reviewed by the Administrator, the DON and the Pharmacy Consultant on 4/1/2026 and determined no updates or revisions are required at this time.</p> <p>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur, i.e., what quality assurance program will be put into</p>	<p>05/01/2026</p>

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<p>F0755 SS = D</p>	<p>Continued from page 36 that they thought they took all their medications. The U. S. FOIA (b) (2) stated that the nurse should stay with the resident when administering their medications to ensure that they took all of them. She further stated that the nurses should never leave medications at the resident's bedside.</p> <p>On 3/6/26 at 1:45 PM, the surveyor interviewed the U. S. FOIA (b) (2) who stated Resident #9 stated to her that they were going to the medications. She acknowledged that medication should never be left at the resident's bedside unattended.</p> <p>The surveyor reviewed the electronic medical record (EMR) for Resident #9.</p> <p>A review of the Admission Record (an admission summary) revealed the resident was admitted to the facility with diagnoses which included but were not limited to: NJ Ex Order 26, 4B1).</p> <p>A review of the most recent quarterly Minimum Data Set, an assessment tool dated NJ Ex Order 26, 4B1 revealed the resident had a Brief Interview for Mental Status score of NJ Ex Order 26, 4B1, indicating NJ Ex Order 26, 4B1. Further review revealed the residents NJ Ex Order 26, 4B1.</p> <p>A review of the NJ Exec Order 26, 4b1 Order Summary Report, included the following Physician's Order's (PO): NJ Ex Order 26, 4B1 dated NJ Ex Order 26, 4B1 and NJ Ex Order 26, 4B1 dated NJ Ex Order 26, 4B1.</p> <p>A review of the NJ Ex Order 26, 4B1 Medication Administration Report (MAR) revealed the U. S. signed the electronic medication administration record (eMAR) for all medications scheduled for NJ Ex Order 26, 4B1 (2:00pm) indicating they were administered as ordered by the physician.</p> <p>On 3/16/26 at 10:27 AM, the U. S. FOIA (b) (2) in the presence of the</p>	<p>F0755</p>	<p>Continued from page 36 place?</p> <p>The DON or designee will conduct weekly medication pass observations of two licensed nurses x 4 weeks, then monthly x 3 months to ensure that residents receive all of their scheduled medications and no medications are left at bedside.</p> <p>The results of these observations will be reviewed at the Quarterly Quality Assurance Meeting x 2 quarters to determine the need for improvement and/or continued monitoring.</p>	<p>05/01/2026</p>

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<p>F0755 SS = D</p>	<p>Continued from page 37 U. S. FOIA (b) (2) [redacted] and the survey team, was made aware of the above concern for Resident #9. He acknowledged that the resident's medication should never be left at their bedside and that the nurse should observe the resident taking the medication. He then stated the nurse thought the resident NJ Ex Order 26, 4B1 all the medications.</p> <p>A review of the facility policy "Administration Procedures for All Medications" reviewed 9-25 revealed...medications will be administered in a safe and effective manner. The guidelines in this policy apply to all medications...</p> <p>NJAC 8:39-29.2(d)</p>	<p>F0755</p>		<p>05/01/2026</p>
<p>F0759 SS = D</p>	<p>Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, and review of pertinent facility documents, it was determined that the facility failed to ensure a medication error rate below 5%. This deficient practice was identified for 2 of 5 residents (Resident #2 and #197) on 2 of 4 units. The surveyor observed 2 nurses administered 28 doses of medication and there were 2 errors resulting in a medication error rate of 7.14%. The deficient practice was evidenced by the following: 1. On 3/11/26 at 8:55 AM, during the morning medication administration pass, the surveyor observed the Licensed Practical Nurse (LPN #1) on the NJ Ex Order 26, 4B1 Unit, preparing the medications (meds) for Resident #2 using the electronic Medication Administration Record (eMAR) while pulling the medications. The surveyor observed an order for NJ Ex Order 26, 4B1. At that time, LPN #1 pulled NJ Ex Order 26, 4B1 and stated, "this</p>	<p>F0759</p>	<p>What corrective action will be accomplished for residents identified to have been affected? Resident #2 and Resident #197 have both been assessed and were found to have NJ Exec Order 26, 4B1 of NJ Ex Order 26, 4B1. The attending physicians for resident #2 and resident #197 were notified of the medication errors, and medication error reports were completed for both residents on NJ Ex Order 26, 4B1. On 3/13/2026 Licensed Practical Nurse (LPN) #1 and LPN #2 were re-educated by the U. S. FOIA (b) (2) NJ Ex Order 26, 4B1 on the difference between NJ Ex Order 26, 4B1 the procedure to follow if a medication is not available and at a minimum, review the 5 rights at each of the following steps of medication administration including 1. Prior to removing the medication/package from the cart/drawer: a. Check the Medication Administration Record (MAR) for the order. 2. Prior to removing the medication from the container: a. Check the label against the order on the MAR. How will you identify other residents who could be affected? All residents in the facility who have a physician order for NJ Ex Order 26, 4B1 have the potential to be affected by the deficient practice. A review of current residents who have physician orders for NJ Ex Order 26, 4B1 was conducted by the U. S. FOIA (b) (2) on</p>	<p>05/01/2026</p>

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<p>NAME OF PROVIDER OR SUPPLIER HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAMILTON AVE , HAMILTON, New Jersey, 08619</p>		
(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
<p>F0759 SS = D</p>	<p>Continued from page 38 is the only one we have at the facility" and then administered the medication to Resident #2 (ERROR #1).</p> <p>The surveyor reviewed the electronic medical record (EMR) for Resident #2.</p> <p>A review of the Admission Record (AR) revealed the resident was admitted to the facility with diagnoses which included but were not limited to [REDACTED]</p> <p>A review of the Order Summary Report (OSR) included the following physician's order(PO): [REDACTED] give [REDACTED].</p> <p>On 3/11/26 at 2:41 PM, during an interview with the surveyor, LPN #1 stated [REDACTED]. LPN #1 acknowledged she administered [REDACTED] to Resident #2.</p> <p>On 3/11/26 at 2:47 PM, during an interview with the surveyor, the [REDACTED] stated the nurse brought it (the above-mentioned concern) to her attention.</p> <p>On 3/13/26 at 9:35 AM, during an interview with the surveyor, the [REDACTED] stated LPN #1 should have performed three checks prior to med administration. The [REDACTED] stated the three checks were important because the nurses need to know the route, the dose and need to make sure the nurses were giving the right medication to the right patient. The [REDACTED] acknowledged that LPN #1 did not follow the five rights during med administration. The [REDACTED] stated if the order said [REDACTED] in the order and the bottle had only [REDACTED] the LPN #1 should not have given the medication.</p> <p>2. On 3/11/26 at 9:29 AM, the surveyor observed LPN #2 on the [REDACTED] Unit, preparing the meds for</p>	<p>F0759</p>	<p>Continued from page 38 [REDACTED] and none had any [REDACTED].</p> <p>What measures/systemic changes will be put in place to prevent recurrence?</p> <p>LPN #1 and LPN #2 have both had a successful medication pass observation conducted by ADON on 4/2/2026 without any medication errors.</p> <p>On 3/17/2026 licensed nursing staff have been re-educated by the U. S. FOIA (b) (2) on the difference between [REDACTED] the procedure to follow if a medication is not available and at a minimum, review the 5 rights at each of the following steps of medication administration per the facility policy titled "Administration Procedures for All Medications" including 1. Prior to removing the medication/package from the cart/drawer: a. Check the Medication Administration Record (MAR) for the order. 2. Prior to removing the medication from the container: a. Check the label against the order on the MAR.</p> <p>The facility policy for "Administration Procedures for All Medications" was reviewed by the Director of Nursing (DON) and the Administrator on 4/1/2026 and determined no revisions or updates were necessary at this time.</p> <p>How will the corrective action be monitored to ensure the deficient practice does not recur, i.e. What quality assurance program will be put in place?</p> <p>The DON or designee will conduct medication pass observations with 3 licensed nurses weekly x 4 weeks, then monthly x 2 months for residents who receive sennosides-docusate sodium tablets to ensure the residents receive the correct medication.</p> <p>The results of these audits will be reviewed at the Quarterly Quality Assurance Meeting x 2 quarters to determine the need for improvement and/or continued monitoring to ensure the deficient practice does not recur.</p>	<p>05/01/2026</p>

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<p>NAME OF PROVIDER OR SUPPLIER HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAMILTON AVE , HAMILTON, New Jersey, 08619</p>		
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<p>F0759 SS = D</p>	<p>Continued from page 39 Resident #197 using the eMAR while pulling the medications. The surveyor observed an order for two tabs of NJ Ex Order 26, 4B1. At that time, LPN #2 pulled [redacted] then administered them to Resident #197 (ERROR #2).</p> <p>The surveyor reviewed the EMR for Resident #197.</p> <p>A review of the AR revealed the resident was admitted to the facility with diagnoses which included but were not limited to: NJ Ex Order 26, 4B1.</p> <p>A review of the OSR included the following PO: NJ Ex Order 26, 4B1 give NJ Ex Order 26, 4B1.</p> <p>On 3/11/26 at 2:22 PM, during an interview with the surveyor, LPN #2 confirmed that she had administered NJ Ex Order 26, 4B1 to Resident #197 in [redacted]. LPN #2 further stated, NJ Ex Order 26, 4B1 were both the same thing and both meds had [redacted].</p> <p>On 3/11/26 at 2:31 PM, during an interview with the surveyor, [redacted] stated the process during med administration was to perform three checks to make sure the meds are correct for the patient. The [redacted] stated it was important to review POs prior to med administration to make sure that we were not giving wrong meds or wrong doses to the residents. The [redacted] stated the difference between the NJ Ex Order 26, 4B1 was that the [redacted] did not have [redacted] in it. The surveyor made the [redacted] aware of the above-mentioned concerns for Resident #197. The [redacted] acknowledged that it was a med error.</p> <p>On 3/13/26 at 11:25 AM, during an interview with the surveyor, the U. S. FOIA (b) (2) stated the expectation from the nurses during med pass was to identify the residents, review and ensure what was ordered and what was available to administer. The [redacted] stated the nurses should verify the meds prior to administration. The [redacted] stated NJ Ex Order 26, 4B1 were two different meds and further stated the nurses should have held the medication if it was not available. The surveyor</p>	<p>F0759</p>		<p>05/01/2026</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315423	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/16/2026
NAME OF PROVIDER OR SUPPLIER HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAMILTON AVE , HAMILTON, New Jersey, 08619	
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F0759 SS = D	<p>Continued from page 40 made the [REDACTED] aware of the above-mentioned concerns for Resident #2 and #197 from the med pass error observation.</p> <p>On 3/13/2026 at 2:02 PM, during a meeting with the survey team, the U. S. FOIA (b) (2) [REDACTED] were made aware of the above concerns.</p> <p>No additional information was provided.</p> <p>A review of the policy "Administration Procedures for All Medications" reviewed 9/2025 revealed Policy: Medications will be administered in a safe and effective manner. The guidelines in this policy apply to all medications. Under section Procedures: III. 5 rights (at a minimum) At a minimum, review the 5 rights at each of the following steps of medication administration. 1. Prior to removing the medication package/container from the cart/drawer: a. Check the MAR/TAR for the order. 2. Prior to removing the medication from the container: a. Check the label against the order on the MAR.</p> <p>NJAC 8:39-11.2(b), 29.2(d)</p>	F0759		05/01/2026

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061103	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/16/2026
NAME OF PROVIDER OR SUPPLIER HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAMILTON AVE , HAMILTON, New Jersey, 08619	
(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
S0000	Initial Comments Complaint Intake ID#: 2732222 The facility is not in compliance with 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 the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S0000		05/01/2026
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Complaint Intake ID#: 2732222 Based on interview and review of pertinent facility documents, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey for 14 out of 14 day shifts reviewed. This deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift.	S0560	How will corrective action be accomplished for those individual residents found to be affected by the deficient practice? There were no residents identified to have been affected by the deficient practice of not meeting the New Jersey staffing requirements during the 7:00AM-3:00PM shifts on the dates of 02/01/2026, 02/02/2026, 02/03/2026, 02/04/2026, 02/05/2026, 02/06/2026, 02/07/2026, 02/22/2026, 02/23/2026, 02/24/2026, 02/25/2026, 02/26/2026, 02/27/2026, and 02/28/2026. A review of the care provided on the day shift of those dates identified revealed no complaints or grievances related to care that were reported on these dates on the day shift. 2. How will the facility identify other residents having the potential to be affected by the same deficient practice? The deficient practice has the potential to affect all residents residing in the facility. 3.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice will not recur? On 03/25/2026 The Staffing Coordinator was re-educated by the Licensed Nursing Home Administrator on the State of New Jersey Staffing requirement as follows: One Certified Nursing Assistant per 8 residents on the 7-3 shift, one direct care staff per 10 residents on 3-11 shift and one	05/01/2026

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061103	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/16/2026
NAME OF PROVIDER OR SUPPLIER HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAMILTON AVE , HAMILTON, New Jersey, 08619	
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S0560	Continued from page 2 -02/26/26 had 21 CNAs for 204 residents on the day shift, required at least 25 CNAs. -02/27/26 had 21 CNAs for 210 residents on the day shift, required at least 26 CNAs. -02/28/26 had 21 CNAs for 209 residents on the day shift, required at least 26 CNAs. On 3/13/26 at 9:13 AM, the surveyor interviewed the Staffing Coordinator (SC) who was aware of the New Jersey mandated staffing ratios for day, evening, and night shift. The SC stated, "sometimes it's challenging to maintain staffing levels, we use agency if needed, but we do get call outs." The SC confirmed the facility offered bonuses and shift differential to maintain staffing levels with administrative support. The SC also confirmed the Human Resources Director (HRD) was responsible for submitting staffing to the state. When asked if the staffing ratios were met on a regular basis, the SC stated, "I feel yes". A review of the facility "Staffing Policy and Procedure" with a last facility review date of September 2025 revealed: It is the policy to provide adequate staffing to meet needed care and services for our resident population. CNAs will be available on each shift to provide the needed care and services of each resident as outlined on the residents' comprehensive care plan...	S0560		05/01/2026
S1405	Mandatory Infection Control and Sanitation CFR(s): 8:39-19.5(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. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview and review of pertinent facility	S1405	.How will corrective action be accomplished for those individual residents found to be affected by the deficient practice? There were no residents found to be affected by the deficient practice. Employees #2 received a health evaluation on [REDACTED], employee #4 is no longer employed at the facility, employee #9 received a health evaluation on [REDACTED]. 2.How will the facility identify other residents having the potential to be affected by the same deficient practice? All residents have the potential to be affected by this deficient practice. 3.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice will not recur? All newly hired employees will have a physical	05/01/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061103	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/16/2026
NAME OF PROVIDER OR SUPPLIER HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAMILTON AVE , HAMILTON, New Jersey, 08619	
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S1405	<p>Continued from page 3 documents, it was determined that the facility failed to ensure newly hired employees received a health examination (physical) by a Physician, Advanced Practice Nurse, or a Licensed Physician's Assistant prior to employment; or within thirty days of a Registered Nurse's (RN) completed initial assessment upon employment, for 3 out of 96 employees (Employee #2, #4, and #9) hired since the last Department of Heath recertification survey of <small>NJ Ex Order 26, 481</small></p> <p>This deficient practice was evidenced by the following:</p> <p>On 3/6/26 at approximately 9:18 AM, during the entrance conference, the surveyor requested from the Licensed Nursing Home Administrator (LNHA), all newly hired employee files for active and inactive employees from <small>NJ Execo Order 26</small> to the current date.</p> <p>A review of the employee personnel files revealed the following:</p> <p>For Employee #2, a Licensed Practical Nurse (LPN) with a date of hire (DOH) <small>NJ Ex Order 26</small>, the physical was dated <small>NJ Excec Order 26</small>.</p> <p>For Employee #4, a Certified Nursing Assistant (CNA) with a DOH <small>NJ Ex Order 26</small>, there was no RN assessment or health physical corresponding to their hire date found.</p> <p>For Employee #9, a CNA with a DOH <small>NJ Ex Order 26</small>, there was no RN assessment or health physical corresponding to their hire date found.</p> <p>On 3/16/26 at 9:52 AM, the surveyor presented the above concerns to the LNHA.</p> <p>On 3/16/26 at 10:27 AM, the survey team met with the LNHA, the director of nursing, the regional nurse consultant, and the vice president of clinical services. The LNHA acknowledged they had no additional information to present for the above concerns.</p> <p>A review of the facility "Hiring and Recruitment" policy, last reviewed by the facility on 8/2025, revealed:</p> <p>It is the policy of this facility to recruit, hire, and retain qualified employees who meet all federal, state, and facility requirements to provide safe, competent, and compassionate care to residents.</p> <p>Policy Guidelines...Health Screening-All employees</p>	S1405	<p>Continued from page 3 evaluation prior to hire or within 30 days of hire date if evaluated by an Registered Nurse upon employment. Human Resources and Assistant Director of Nursing and Infection Prevention Nurse were educated by the Licensed Nursing Home Administrator on the requirement that newly hired employees will have a health evaluation prior to employment or within 30 days of employment if a Registered Nurse completed assessment prior to hire date. Assistant Director of Nursing or designee will coordinate on orientation days with Human Resources to ensure that all new employees are evaluated upon employment. A New Hire checklist was created to ensure that all new hires receive a physical evaluation prior to employment.</p> <p>4.How will the facility monitor its corrective actions to ensure that the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The Licensed Nursing Home Administrator or Designee will conduct bi-weekly audits of new hire health evaluations for 4 weeks and them monthly for 3 months.</p> <p>The Licensed Nursing Home Administrator or Designee will analyze trend findings and report outcomes quarterly to the Quality Assurance Committee.</p>	05/01/2026

New Jersey Department of Health

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S1410	<p>Continued from page 5</p> <p>Employee # 1, a Certified Nursing Assistant (CNA) with a date of hire (DOH) [redacted], first day of work (FDW) [redacted], had a [redacted] completed [redacted]. No additional [redacted] testing was provided.</p> <p>Employee #5, Licensed Practical Nurse (LPN) with a DOH [redacted] had a [redacted] test completed on [redacted].</p> <p>Employee #6, LPN with a DOH [redacted] had a [redacted] test completed on [redacted].</p> <p>Employee #7, LPN with a DOH [redacted] test completed on [redacted].</p> <p>Employee #8, LPN with a DOH [redacted] test completed on [redacted].</p> <p>On 3/16/2026 at 9:52 AM, the LNHA was made aware of the concerns regarding [redacted] testing for newly hired employees. No additional information was provided.</p> <p>A review of facility policy "Mantoux Tuberculin Skin Testing for Health Care Providers", revised September 2021...It is the policy of [Facility Name] to screen for Tuberculosis in all health care personnel (HCP) which begins prior to hire to prevent the transmission of tuberculosis...All healthcare personnel will be screened for TB upon hire...The only exception shall be employees with documented negative two-step Mantoux skin test results within the last year, employees who present results of a TB blood test within the last year...or when medically contraindicated.</p> <p>NJ 8:39-19.5(b.)</p>	S1410	Continued from page 5 Committee.	05/01/2026

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 5/5/2026 in relation to the 3/16/2026 Recertification survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		05/05/2026

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further 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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New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAMILTON AVE , HAMILTON, New Jersey, 08619	
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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 5/5/2026 in relation to the 3/16/2026 State of New Jersey Re-Licensure survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities	S0000		05/05/2026

Office of Primary Care and Health Systems Management

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NAME OF PROVIDER OR SUPPLIER HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAMILTON AVE , HAMILTON, New Jersey, 08619	
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K0000 Bldg. 01	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 3/6/26, 3/9/26 and 3/11/26. Hamilton Grove Healthcare and Rehabilitation was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies.</p> <p>The nursing home building construction was stated to be 1990's with no current major renovations or noted additions. It is a three story building Type II (222) protected construction and is fully sprinklered. The 200 KW interior Cummins diesel generator does approximately 60% of the facility. The 3-story building has 11-smoke zones with 2-elevators. The building was constructed in 1931.</p> <p>There is supervised smoke detection located in the corridors, spaces open to the corridors and in resident rooms. The (interior) generator is stated to be tied to the fire alarm control panel, cross corridor door hold open devices, exterior door releases, emergency facility lighting and life safety components utilized for preservation of life</p> <p>The facility has 218 certified beds. At the time of the survey, the census was 209.</p> <p>The requirement at 42 CFR Subpart 483.90(a) was NOT MET.</p>	K0000		05/01/2026
K0353 SS = F Bldg. 01	<p>Sprinkler System - Maintenance and Testing</p> <p>CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing</p> <p>Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection</p>	K0353	<p>How will corrective action be accomplished for those individual residents found to be affected by the deficient practice?</p> <p>No residents were affected by this practice. The facility contacted the sprinkler company who evaluated the sprinkler system and age of the sprinkler heads to ensure compliance.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient</p>	05/01/2026

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315423	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING	(X3) DATE SURVEY COMPLETED 03/16/2026
NAME OF PROVIDER OR SUPPLIER HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAMILTON AVE , HAMILTON, New Jersey, 08619	
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K0353 SS = F Bldg. 01	<p>Continued from page 1 and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and interviews on 3/11/26 in the presence of the U. S. FOIA (b) (2), it was determined that the facility failed to ensure that the Inspection Testing and Maintenance (ITM) of the sprinkler system was in accordance with NFPA 101:2012 Edition, Sections 9.7.5, 9.7.7, 9.7.8 and NFPA 25:2011 Edition, Sections 4.3.1, 5.3.1.1.1.6 and 13.4.4.2.5.1. This deficient practice had the potential to affect all residents and was evidenced by the following:</p> <p>A record review on 3/11/26 revealed:</p> <p>The annual water-based fire protection systems inspection report dated: 8/28/25 from the facility fire sprinkler vendor indicated on page 2 of 4 that under the wet sprinkler system:</p> <p>Sprinklers in service 50 years has been replaced or sample tested ? (5.3.1.1.1) N/A</p> <p>Sprinklers with fast response elements in service 20 years, have been replaced or sample tested? (5.3.1.1.1.3) N/A</p> <p>The building was built in the 30s and the facility effective date: 12/1/97</p> <p>In an interview at the time, the surveyor requested documentation of 20 year for fast response or the 50-year for standard response testing/sampling of wet sprinkler heads. The U. S. FOIA (b) (2) indicated that they were unaware of the date of installation, and the vendor documentation did not indicate a baseline</p>	K0353	<p>Continued from page 1 practice?</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice will not recur?</p> <p>The facility will obtain documentation from the sprinkler company identifying age determination of sprinkler heads.</p> <p>Standard Sprinkler heads will be tested or replaced in accordance with NFPA 25:2011 Edition 5.3.1.1.1.3 once every 50 years.</p> <p>The U. S. FOIA (b) (2) was educated by the Licensed Nursing Home Administrator on NFPA 25 Requirements.</p> <p>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The Maintenance Director, or designee will audit 5 sprinkler heads per week for the first 4 weeks and 5 for each of the following 2 months for date compliance. Results will be brought to a Quarterly Quality Assurance meeting for review</p>	05/01/2026

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K0353 SS = F Bldg. 01	<p>Continued from page 2 for the age of the devices and when they would be due for the testing/sampling of wet sprinkler heads.</p> <p>The facility's U. S. FOIA (b) (2) was informed of the deficient practices at the Life Safety Code exit conference on 3/11/26 at 1:15 PM.</p> <p>N.J.A.C 8:39-31.2 (e)</p> <p>NFPA 25</p>	K0353		05/01/2026
K0918 SS = F Bldg. 01	<p>Electrical Systems - Essential Electric System</p> <p>CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and interview on 3/6/26 in the presence of the U. S. FOIA (b) (2), it was determined the facility failed to ensure the diesel</p>	K0918	<p>How will corrective action be accomplished for those individual residents found to be affected by the deficient practice?</p> <p>No residents were found to be affected by this deficient practice. A 4-hour load bank test was performed by a generator vendor on 11/26/2024 and system determined to function properly.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice will not recur?</p> <p>Documentation of running the generator each month at 30 percent or more capacity will be logged in the generator logbook. The U. S. FOIA (b) (2) was re-educated of the requirements of National Fire Protection Association (NFPA) 110.</p> <p>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The Maintenance Director or Designee will conduct monthly audits of the generator logs and schedules to determine that all documentation is up to date for 3 months and quarterly thereafter.</p> <p>The Maintenance Director or Designee will analyze trend findings and report outcomes quarterly to the</p>	05/01/2026

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K0918 SS = F Bldg. 01	<p>Continued from page 3 power generator was exercised at 30% or greater of its nameplate rating during the monthly load tests or that a 90 minute load bank test was conducted annually and the generator was tested once every 36 months for 4 continuous hours in accordance with NFPA 110: 2010 Edition, Section 8.3.4, 8.4, 8.4.2(2), 8.4.2.3 and 8.4.9, 8.4.9.1. to 8.4.9.7. This deficient practice has the potential to affect all residents and was evidenced by the following:</p> <p>A record review of the generator monthly test log revealed there was no value recorded for the percent of load the generator was run under during the full load tests for the last 12 months. A review of the service records verified there was no record that an annual 90-minute load bank test was performed, which would have been required if the monthly load values were under 30% of the nameplate rating. Further review indicated there was no record of the required 36-month, 4 continuous hour full load or load bank test conducted. The generator load test document indicated a 3-year 4-hour load bank test dated:11/26/24 was recorded, but no further documentation from the facility generator vendor was provided.</p> <p>In an interview at 1:40 PM, the [REDACTED] confirmed the record review and stated that he would try to find the full report for the required 3-year 4-hour load bank test that was dated: 11/26/24, no further documentation was provided.</p> <p>The [REDACTED] were informed of the deficient practice at the Life Safety Code exit conference on 3/11/26 at 1:15 PM.</p> <p>N.J.A.C. 8:39-31.2 (e)</p> <p>NFPA 99, 110</p>	K0918	<p>Continued from page 3 Quality Assurance Committee.</p>	05/01/2026
K0741 SS = E Bldg. 01	<p>Smoking Regulations</p> <p>CFR(s): NFPA 101</p> <p>Smoking Regulations</p> <p>Smoking regulations shall be adopted and shall include not less than the following provisions:</p> <p>(1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking.</p>	K0741	<p>How will corrective action be accomplished for those individual residents found to be affected by the deficient practice?</p> <p>No residents were affected by this practice. A metal container with a self-closing lid was purchased and placed in the designated smoking area.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p>	05/01/2026

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K0741 SS = E Bldg. 01	<p>Continued from page 4</p> <p>(2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required.</p> <p>(3) Smoking by patients classified as not responsible shall be prohibited.</p> <p>(4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision.</p> <p>(5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.</p> <p>(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.</p> <p>18.7.4, 19.7.4</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations and interviews on 3/9/26 in the presence of the U. S. FOIA (b) (2), it was determined that the facility failed to ensure that metal containers with self-closing cover devices were readily available to all areas where smoking is permitted in accordance with NFPA 101:2012 Edition, Section 19.7.4. This deficient practice had the potential to affect all residents and was evidenced by the following:</p> <p>An observation at 1:14 PM revealed a metal container with a self-closing cover device into which ashtrays can be emptied was not provided or readily available to the smoking area.</p> <p>In an interview at the time, the U. S. FOIA (b) (2) both confirmed the observation.</p> <p>The facility's U. S. FOIA (b) (2) were informed of the deficient practice at the Life Safety Code exit conference on 03/11/26 at 1:15 PM.</p> <p>N.J.A.C 8:39-31.2(e)</p>	K0741	<p>Continued from page 4</p> <p>All residents have the potential to be affected by this deficient practice. All smoking areas were inspected to ensure that proper equipment is in place.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice will not recur?</p> <p>All smoking areas will be equipped with metal containers that are self-closing.</p> <p>The U. S. FOIA (b) (2) was educated on the requirements of National Fire Protection Association (NFPA) 101 that states metal containers with self-closing devices should be readily available in all smoking areas.</p> <p>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The Maintenance Director, or designee will do weekly rounds for 3 months of the smoking areas to ensure proper equipment is in place. Findings will be brought to a quarterly quality assurance meeting for follow-up.</p>	05/01/2026

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E0000	Initial Comments An Emergency Preparedness Survey was conducted by the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations from 3/6/26 through 3/11/26. The facility was found to be in compliance with Medicare/Medicaid at 42 CFR, Subpart 483.73, Requirements for Long Term Care Facilities.	E0000		05/01/2026

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K0000 Bldg. 01	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 5/5/26 in relation to the 3/16/26 Life Safety Code survey. The facility was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy.	K0000		

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