STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315461	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERLIN REHABILITATION AND HEALTHCARE CENTER	**100 LONG-A-COMING LANE , BERLIN, New Jersey, 08009**

(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
F0000	INITIAL COMMENTS Census: 121 Sample: 4 Complaint #: 3069904 A complaint survey was conducted at Berlin Rehabilitation and Healthcare Center on 07/17/2026 and 07/24/2026 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. During the survey, a finding which constituted Immediate Jeopardy (IJ) was identified under 42 CFR 483.12(a)(1) F600, as the facility failed to ensure a NJ Ex Order 26, 4B1 (Resident #2) was NJ Ex Order 26, 4B1. On NJ Exec Order 26.4b1, Resident #2's family member reported an NJ Exec Order 26.4b1 to Licensed Practical Nurse (LPN #1) and Social Worker (SW #1) that the resident had been NJ Ex Order 26, 4B1. The facility notified the police and Resident #2 was NJ Ex Order 26, 4B1. A NJ Ex Order 26, 4B1 was observed to Resident #2's NJ Ex Order and the resident was sent to the Emergency Department (ED) for further evaluation. The resident returned to the facility with a diagnosis of "Reported NJ Ex Order 26, 4B1". On NJ Exec Order 26.4b1, the facility U. S. FOIA (b) (2) became aware that the NJ Exec Order Certified Nursing Assistant (CNA #1) had been NJ Ex Order 26, 4B1. The facility Administration was notified of the IJ and provided with the IJ template on 07/17/2026 at 7:14 PM. The facility self-corrected and put themselves back into substantial compliance to prevent serious harm or injury from occurring or reoccurring. The facility submitted an acceptable Removal Plan (RP) on 07/17/2026 at 7:38 PM, indicating the action the facility took to prevent serious harm or injury from occurring or recurring. The RP included the following interventions:	F0000		

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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F0000	Continued from page 1 Immediate [NJ Exec Order 26.4b1] of the staff involved. Assessment and interview of the resident involved. Social Services met with the resident involved to complete [NJ Exec Order]-informed evaluation, and address their immediate [NJ Ex Order 26, 4B1] The resident's responsible party, the resident's attending physician, the [NJ Exec Orde] New Jersey Department of Health, and the Long Term Care Ombudsman were notified on [NJ Exec Order 26.4b1]. The resident was transferred to the [NJ Exe] for further evaluation on [NJ Exec Order 26.4b1]. CNA #1 was [NJ Exec Order 26.4b1] on [NJ Exec Order 26.4b1] "Like residents" received [NJ Exec Order 26.4b1] assessments with no [NJ Exec] alterations noted. Residents who were able to [NJ Exec Order 26.4b1] were interviewed and [NJ Exec Order 26.4b1]. [NJ Exec Order 26] monitoring and elevated [NJ Ex Order 26, 4B1] were reviewed for the previous 30 days and no variances were identified. All staff were in-serviced on the facility [NJ Ex Order] , Recognition, Investigation policy on 07/15/2026. The IJ began on 07/03/2026, when the facility became aware of the [NJ Exec Order] incident involving Resident #2 and CNA #1. The IJ is Past Non-Compliance. The surveyor verified the implementation of the RP on-site on 07/24/2026 and determined that there is sufficient evidence that the facility self-corrected the noncompliance on 07/15/2026 and is in substantial compliance at the time of the current survey for the specific regulatory requirements of F 600.	F0000		
F0600 SS = SQC-J	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation 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	F0600	"Past Noncompliance - no plan of correction required"	07/15/2026

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F0600 SS = SQC-J	Continued from page 2 or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is NOT MET as evidenced by: Complaint #: 3069904 Based on interviews, record reviews, and review of pertinent facility documents on [NJ Ex Order 26, 4B1] it was determined that the facility failed to a) ensure that a [NJ Ex Order 26, 4B1] (Resident #2) was free [NJ Ex Order 26, 4B1] by a Certified Nursing Assistant (CNA #1), and b) implement their [NJ Exec Orde] policy to ensure all residents were [NJ Ex Order 26, 4B1]. This deficient practice was identified for 1 of 4 residents reviewed for [NJ Exec Orde] (Resident #2). This resulted in an Immediate Jeopardy (IJ) situation and posed the likelihood of serious harm or injury to all residents. On [NJ Exec Order 26.4b1] Resident #2's family member reported an [NJ Exec Order 26.4b] to Licensed Practical Nurse (LPN #1) and Social Worker (SW #1) that the resident [NJ Ex Order 26, 4B1]. The facility notified the [NJ Exec Orde] and Resident #2 was [NJ Ex Order 26, 4B1]. A [NJ Ex Order 26, 4B1] was observed to Resident #2's [NJ Ex Order] and the resident was sent to the Emergency Department (ED) for further evaluation. The resident returned to the facility with a diagnosis of "Reported [NJ Exec Order 26.4b1]". On [NJ Exec Order 26.4b1], the facility [U. S. FOIA (b) (2)] became aware that the [NJ Exec Order 2] Certified Nursing Assistant (CNA #1) had been [NJ Ex Order 26, 4B1] The IJ began on [NJ Exec Order 26.4b1], when the facility became aware of the [redacted] incident involving Resident #2 and CNA #1. The facility Administration was notified of the IJ on 07/17/2026 at 7:14 PM. The facility submitted an acceptable Removal Plan (RP) on 07/17/2026 at 7:38 PM. The facility's RP included the following interventions of how the facility addressed the immediacy: Immediately [NJ Exec Order 26.4b1] CNA #1 and CNA #2, then [NJ Exec Order 26.4b1] CNA #1 on [NJ Exec Order 26.4] assessed Resident #2 and sent them to the [redacted] notified the [NJ Exec Orde] the	F0600		07/15/2026

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F0600 SS = SQC-J	Continued from page 3 New Jersey Department of Health (NJDOH), the resident's physician, and the Long-term Care Ombudsman (LTCO); completed resident interviews and [NJ Exec Order 26.4b1] on "like residents"; and in-serviced all facility staff on the facility's [NJ Exec Orde] Prohibition, Recognition, Investigation policy; and provided Resident #2 with [NJ Ex Order 26, 4B1] support via the facility [U. S. FOIA (b) (2)]. The surveyor verified the completion of the RP was 07/15/2026, during an on-site survey on 07/24/2026, and determined the IJ was Past Non-Compliance (PNC). Findings include: The facility "Abuse, Neglect, Exploitation and Misappropriation Prevention Program" policy, with a revision date of April 2021, was reviewed. Under "Policy Statement", the policy revealed; "Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from […] sexual or physical abuse…". Under "Policy Interpretation and Implementation", the facility policy revealed; "The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives: 1. Protect residents from abuse, neglect, exploitation or misappropriation of property by anyone including, but not necessarily limited to: a. facility staff…" A Facility Reportable Event (FRE) form, submitted by the facility to the NJDOH, was reviewed. The FRE revealed that on [NJ Exec Order 26.4b1] Resident #2's family member reported that the resident [NJ Ex Order 26, 4B1] and that a [NJ Ex Order 26, 4B1] revealed [NJ Exec Order 26] to the resident's [NJ Ex Order 26, 4B1]. The FRE further revealed that CNA #1 and CNA #2 were placed on [NJ Exec Order 26.4b1] investigation. The FRE Summary and Conclusion (SC) dated [NJ Exec Order 26.4b1], revealed that on [NJ Exec Order 26.4b1], Resident #2's family member reported an [NJ Exec Order 26.4b] that the resident had [NJ Ex Order 26, 4B1]. The SC revealed that on assessment [NJ Ex Order 26, 4] was noted to both of the resident's [NJ Exec Order 26.4b1]. Resident #2 stated, while pointing to [NJ Ex Order 26, 4B1], "He was never all [NJ Exec Order 26.4b1]. He was just [NJ Exec Order 26.4b1]". When asked by their family member [NJ Ex Order 26, 4B1] [NJ Ex Order 26, 4B1], Resident #2 replied, [NJ Ex Order 26, 4B1] then stated, [NJ Ex Order 26, 4B1] " The FRE SC revealed CNA #1 and CNA #2 were the	F0600		07/15/2026

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F0600 SS = SQC-J	Continued from page 4 staff members identified related to Resident #2's [redacted] CNA #1 and CNA #2 [redacted] the [redacted] and were placed on NJ Exec Order 26.4b1 the investigation. The SC revealed that the facility investigation did not identify any corroborating witnesses or statements to support the alleged incident. The SC further revealed "Although the [redacted] cannot be substantiated based on the evidence currently available, the center has become aware that [redacted] continues to have involvement in the matter. As the center has not been provided with the full details of the investigation, both employees will remain on NJ Exec Order 26.4b1 any additional information that may become available." A review of the Admission Record face sheet for Resident #2 revealed that the resident was admitted to the facility with diagnoses including but not limited to; NJ Ex Order 26, 4B1 [redacted] A review of the quarterly Minimum Data Set (MDS), an assessment tool dated [redacted], revealed that Resident #2 had a Brief Interview for Mental Status (BIMS) score of [redacted], which indicated that the resident's [redacted] NJ Ex Order 26, 4B1. A review of Resident #2's "Care Plan Report" (CPR) initiated on [redacted], revealed under "Focus" that the resident had [redacted] related to NJ Ex Order 26, 4B1 and a history of [redacted] Interventions related to this focus included but were not limited to observing the resident' [redacted] A review of Resident #2's Quality Assurance Report (QAR) dated [redacted], revealed under "Investigative Statements" that the Unit Manager (UM #1) stated that they were informed by LPN #1 that Resident #2's family member reported that Resident #2 thinks a man NJ Ex Order 26, 4B1. The QAR further revealed that [redacted] was observed to Resident #2's [redacted] A review of a progress note (PN) dated [redacted] at 9:02 PM revealed a "Social Service Note" (SSN) written by SW #1 indicating that SW #1 met with Resident #2 and their family member regarding the [redacted] incident. The SSN further revealed that	F0600		07/15/2026

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F0600 SS = SQC-J	Continued from page 5 during the interview Resident #2 was unable to make complete thoughts at times. SW #2 provided support and reassurance to the resident. A review of a PN dated NJ Ex Order 26, 4B1 revealed that, upon Resident #2's return from the hospital, two-person care was provided. A review of a PN dated NJ Ex Order 26, 4B1, by the Nurse Practitioner (NP #1), revealed an assessment of Resident #2 and an order for resident transfer to the NJ Exec Order2 for further evaluation. A review of hospital documentation dated NJ Ex Order 26, 4B1, revealed a diagnosis of "NJ Ex Order 26, 4B NJ Ex Order 26, 4B1 A 07/17/2026 review of the personnel files of CNA #1 and CNA #2 revealed both had current licenses and NJ Exec Orde training. Both CNAs NJ Exec Order 26 Investigations were negative for state and national NJ Exec Order 26.4b1. On 07/17/2026 at 10:21 AM, the surveyor attempted to interview Resident #2 with SW #1 present. Resident #2 was unable to be interviewed due to NJ Ex Order 26, 4B1. On 07/17/2026 at 1:06 PM, the surveyor attempted to interview Resident #2's family member but was unable to reach them. During an interview with the U. S. FOIA (b) (2) on 07/17/2026 at 5:19 PM, the U. S. FOIA (b) stated that he was made aware on NJ Exec Order 26.4B1, at approximately 2:00PM, of the NJ Ex Order 26 made by Resident #2. The stated once he was made aware of the NJ Exec Order 26.4b he NJ Exec Order 26.4B1 CNA #1 and CNA #2. The and the became aware that CNA #1 was NJ Ex Order 26, 4B1 During a follow up interview on 07/17/2026 at 6:29 PM, the U. S. FOIA (b) (2) were informed that CNA #1 was NJ Ex Order 26, 4B1. The U. S. FOIA (b) NJ Ex Order 26, 4B1 for NJ Exec Order 26.4b1. On 7/15/26 the facility informed the NJDOH that the NJ Ex Order 26, 4B1 was substantiated. The IJ began on NJ Exec Order 26.4b1, when the facility became aware of the incident involving Resident #2 and CNA #1. The facility Administration was notified of the IJ on 07/17/2026 at 7:14 PM. The facility submitted an acceptable RP on 07/17/2026 at	F0600		07/15/2026

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F0600 SS = SQC-J	Continued from page 6 7:38 PM, indicating the action the facility took to prevent serious harm or injury from occurring or recurring. The RP included the following interventions: Immediate [NJ Exec Order 26.4b1] of the staff involved. Assessment and interview of the resident involved. Social Services met with the resident involved to complete [NJ Exec Order] -informed evaluation, and address their immediate [NJ Ex Order 26, 4B1] on [NJ Exec Order 26.4b1] The resident's responsible party, the resident's attending physician, the [NJ Exec Orde] NJDOH, and the LTCO were notified on [NJ Exec Order 26.4b1] The resident was transferred to the [NJ Exe] for further evaluation on [NJ Ex Order 26, 4B1] CNA #1 was [NJ Exec Order 26.4b1] on [NJ Exec Order 26.4b1]. "Like residents" received [NJ Exec Order 26.4b1] assessments with no [NJ Exec Order 26.4b1] noted. Residents who were able to [NJ Exec Order 26.4b1] were interviewed and voiced [NJ Exec Order 26.4b1]. Behavior monitoring and elevated [NJ Ex Order 26, 4B1] consults were reviewed for the previous 30 days and no variances were identified. All staff were in-serviced on the facility [NJ Exec Orde] Prohibition, Recognition, Investigation policy on 07/15/2026. This IJ is PNC. During an onsite visit on 07/24/2026, the surveyor verified the implementation of the RP and determined that there is sufficient evidence that the facility corrected the PNC on 07/15/2026. NJAC 8:39-4.1(a)5	F0600		07/15/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 156001	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/24/2026

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S0000	Initial Comments COMPLAINT #: 3069904 CENSUS: 121 SAMPLE SIZE: 4 The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long-Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S0000		07/30/2026
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 #: 3069904 Based on review of facility documents on 07/27/2026 it was determined that the facility failed to ensure staffing ratios were met on 11 of 14 day shifts and two of 14 evening shifts. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A.	S0560	1. How corrective action will be accomplished for those residents found to have been affected by the deficient practice: The facility conducted an immediate review of resident care needs for all residents residing in the facility during the identified staffing periods. Nursing leadership completed resident rounds and reviewed clinical records to ensure that all physician orders, treatments, medications, assessments, and required care were completed. No residents experienced adverse outcomes related to the staffing deficiency identified during the survey. 2. How the facility will identify other residents who may have the potential to be affected: Because staffing ratios have the potential to impact all residents, all residents were considered potentially affected. The Administrator, Director of Nursing, and Staffing Coordinator reviewed staffing schedules, daily staffing reports, payroll records, and census data to identify any additional shifts that did not meet New Jersey minimum staffing requirements. Resident care was reviewed for those shifts to ensure continuity of care.	08/07/2026

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S0560	Continued from page 1 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. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. For the 2 weeks of staffing prior to complaint survey from 6/28/26-7/11/26, the facility was deficient in CNA staffing for residents on on 11 of 14 day shifts and deficient in CNAs to total staff on two of 14 evening shifts as follows: On 06/28/2026 had 12 CNAs for 124 residents on the day shift, required at least 15 CNAs. On 06/29/2026 had 13 CNAs for 124 residents on the day shift, required at least 15 CNAs. On 07/01/2026 had 14 CNAs for 123 residents on the day shift, required at least 15 CNAs. On 07/01/2026 had 13 total staff for 123 residents on the evening shift, required at least 17 total staff On 07/02/2026 had 14 CNAs for 123 residents on the day shift, required at least 15 CNAs. On 07/03/2026 had 13 CNAs for 123 residents on the day shift, required at least 15 CNAs. On 07/0620/26 had 14 CNAs for 123 residents on the day shift, required at least 15 CNAs. On 07/06/2026 had 13 total staffing for 123 residents on the evening shift, required at least 17 total staff. On 07/07/2026 had 14 CNAs for 123 residents on the day shift, required at least 15 CNAs. On 07/08/2026 had 13 CNAs for 126 residents on the day shift, required at least 16 CNAs. On 07/09/2026 had 10 CNAs for 126 residents on the day shift, required at least 16 CNAs.	S0560	Continued from page 1 3. What systemic changes will be made to ensure the deficient practice does not recur: The facility has implemented the following corrective measures: The Staffing Coordinator, Director of Nursing, and Administrator were re-educated on New Jersey minimum staffing ratio requirements. Daily staffing reviews will be completed before the beginning of each shift to ensure compliance with required CNA, licensed nurse, and total staffing ratios. A staffing contingency plan has been implemented that includes: utilization of per diem staff; overtime opportunities; on-call staffing procedures; Referral Bonus cross-training where appropriate; Staff Culture Committee Events active recruitment initiatives, including referral bonuses, job fairs, online recruitment, and partnerships with local nursing schools. Nursing leadership will conduct a staffing "huddle" each day to evaluate census changes, acuity, admissions, discharges, and staffing needs for the upcoming 24–72 hours. The Human Resources Director and Director of Nursing will continue aggressive recruitment and retention initiatives to maintain adequate staffing	08/07/2026

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S0560	Continued from page 2 On 07/10/2026 had 14 CNAs for 124 residents on the day shift, required at least 15 CNAs. On 07/11/2026 had 14 CNAs for 123 residents on the day shift, required at least 15 CNAs.	S0560	Continued from page 2 levels. 4. How the facility will monitor its corrective actions to ensure compliance: The Administrator and Director of Nursing will audit staffing compliance daily for four (4) weeks and weekly thereafter for an additional two (2) months. The audit will include: Verification that required staffing ratios were met for every shift. Review of staffing schedules versus actual staffing worked. Documentation of any staffing variances and corrective actions taken. Review of agency utilization and recruitment progress. Audit findings will be reviewed during the facility's monthly Quality Assurance and Performance Improvement (QAPI) Committee meeting for a minimum of three months. If any trends or noncompliance are identified, additional corrective actions, education, and monitoring will be implemented. Responsible Parties: Administrator Director of Nursing Staffing Coordinator Human Resources Director QAPI Committee	08/07/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315461	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERLIN REHABILITATION AND HEALTHCARE CENTER	**100 LONG-A-COMING LANE , BERLIN, New Jersey, 08009**

(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
F0000	INITIAL COMMENTS An on-site revisit for the facility's Plan of Correction was conducted on 07/24/2026 in relation to the 07/17/2026 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		08/13/2026

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

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 156001	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERLIN REHABILITATION AND HEALTHCARE CENTER	**100 LONG-A-COMING LANE , BERLIN, New Jersey, 08009**

(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 An offsite/desk review of the facility's Plan of Correction was conducted on 08/12/2026 in relation to the 07/17/2026 State of New Jersey Complaint 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		08/13/2026

Office of Primary Care and Health Systems Management

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