

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315231	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/19/2025
NAME OF PROVIDER OR SUPPLIER THE CENTER FOR REHAB & NURSING WASHINGTON TOWNSHIP			STREET ADDRESS, CITY, STATE, ZIP CODE 535 EGG HARBOR ROAD , SEWELL, New Jersey, 08080	
(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	<p>INITIAL COMMENTS</p> <p>A Complaint Survey was conducted on 09/29/25-09/30/25.</p> <p>Complaint #: 2592047, 2585646, 2586641, 384075, and 384079</p> <p>Survey Census: 133</p> <p>Sample Size: 16</p> <p>THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>	F0000		11/19/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060806	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/19/2025
NAME OF PROVIDER OR SUPPLIER THE CENTER FOR REHAB & NURSING WASHINGTON TOWNSHIP			STREET ADDRESS, CITY, STATE, ZIP CODE 535 EGG HARBOR ROAD , SEWELL, New Jersey, 08080	
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S0560	<p>Continued from page 1 established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>1. For the week of Complaint staffing from 03/09/2025 to 03/15/2025, the facility was deficient in CNA staffing for residents on 2 of 7 day shifts as follows:</p> <p>-03/09/25 had 17 CNAs for 160 residents on the day shift, required at least 20 CNAs.</p> <p>-03/15/25 had 18 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>2. For the 4 weeks of Complaint staffing from 04/27/2025 to 05/24/2025, the facility was deficient in CNA staffing for residents on 1 of 28 day shifts as follows:</p> <p>-05/12/25 had 17 CNAs for 145 residents on the day shift, required at least 18 CNAs.</p> <p>3. For the week of Complaint staffing from 06/22/2025 to 06/28/2025, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows:</p> <p>-06/23/25 had 16 CNAs for 140 residents on the day shift, required at least 17 CNAs.</p> <p>4. For the 3 weeks of Complaint staffing from 07/27/2025 to 08/16/2025, the facility was deficient in CNA staffing for residents on 2 of 21 day shifts as follows:</p> <p>-08/04/25 had 17 CNAs for 144 residents on the day shift, required at least 18 CNAs.</p>	S0560	Continued from page 1 is achieved.	

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S0560	Continued from page 2 -08/10/25 had 15 CNAs for 143 residents on the day shift, required at least 18 CNAs. 5. For the 2 weeks of Complaint staffing from 09/14/2025 to 09/27/2025, there were no deficient practices identified for staffing as submitted.	S0560		

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F0000	<p>INITIAL COMMENTS</p> <p>An offsite/desk review of the facility's Plan of Correction was conducted on 11/29/2025 in relation to the 10/01/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p>	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.

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 11/26/2025 in relation to the 10/01/2025 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		

Office of Primary Care and Health Systems Management

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