

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>315387</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>10/30/2025</b>
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NAME OF PROVIDER OR SUPPLIER <b>ALLAIRE REHAB &amp; NURSING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>115 DUTCH LANE ROAD , FREEHOLD, New Jersey, 07728</b>
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F0000	<p>INITIAL COMMENTS</p> <p>Complaint #s NJ 2620149</p> <p>COMPLAINT SURVEY: 10/30/25</p> <p>CENSUS: 139</p> <p>SAMPLE SIZE: 2 + 1 closed record</p> <p>The NJDOH conducted a Complaint survey on 10/30/25. The survey was officially completed on 10/30/25.</p> <p>A Complaint Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long-Term Care Facilities. Deficiencies were cited for this survey.</p>	F0000		11/19/2025
F0812 SS = D	<p>Food Procurement,Store/Prepare/Serve-Sanitary</p> <p>CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements.</p> <p>The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food</p>	F0812	<p>1. Corrective Action</p> <p>On 10/30/25, immediately upon identification by the surveyor, the microwave in the first-floor nourishment room was cleaned, paper towels were added, ice machine was cleaned and disinfected, and the entire room was deep cleaned. The cabinet doors were repaired, and the area around the soap dispenser was repainted by Maintenance.</p> <p>2. Identification of Other Residents</p> <p>All residents residing on the first floor can be affected by this deficient practice.</p> <p>3. Systemic Changes</p> <p>The facility revised the Housekeeping Guidelines to clearly define that the assigned housekeepers to the unit are responsible for microwave cleaning, overall nourishment room sanitation, and ice machine grate cleaning. Housekeeping staff were in-serviced and educated by the Director of Housekeeping to clean the</p>	11/19/2025

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NAME OF PROVIDER OR SUPPLIER <b>ALLAIRE REHAB &amp; NURSING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>115 DUTCH LANE ROAD , FREEHOLD, New Jersey, 07728</b>	
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F0812 SS = D	<p>Continued from page 1 service safety.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to maintain sanitation in a safe and consistent manner to prevent food borne illness. This deficient practice was evidenced by the following:</p> <p>On 10/30/25 at 11:30 AM, during a tour of the first floor, with the <b>U.S. FOIA (b) (6)</b>, the nourishment room was noted to be in disrepair. The cabinet doors were askew. The <b>U.S. FOIA (b) (6)</b> stated this had not been reported to Maintenance. White stains were noted on the grates of the ice maker, the <b>U.S. FOIA (b) (6)</b> stated that it "was not always like this". The paper towel dispenser was empty, and the roll of paper towels were sitting on top of the refrigerator. The microwave had brown debris on the bottom. The <b>U.S. FOIA (b) (6)</b> stated she was not sure how often the microwave was cleaned, and the <b>U.S. FOIA (b) (6)</b> or nurse cleans it if there was a mess. Paint chips and peeling paint noted around the soap dispenser. The surveyor brought the <b>U.S. FOIA (b) (6)</b> to the pantry, and she stated the microwave needed to be cleaned, the paper towels should be in a dispenser and the cabinet doors should close.</p> <p>The surveyor interviewed the <b>U.S. FOIA (b) (6)</b>, who stated the nourishment room is cleaned once a month by the porter and as needed if informed by the staff of a need. He also stated the grates on the ice maker are supposed to be cleaned when the room is cleaned. He further stated the room was cleaned at the beginning of the month.</p> <p>The <b>U.S. FOIA (b) (6)</b> also stated that the microwave was nobody's responsibility, but rather "if it's dirty, clean it".</p> <p>Review of the "Nourishment Room Cleaning Log", provided by the facility, revealed that the first-floor nourishment room was signed as being cleaned on 10/1/25.</p> <p>A review of the undated policy, "Porter Cleaning Guidelines and Protocols", included:</p> <p>"Nourishment rooms, to be cleaned in the first week of every month. Fill out audit sheet."</p> <p>N.J.A.C. 18:39-17.2(g)</p>	F0812	<p>Continued from page 1 nourishment room daily, completing the nourishment room log daily and report if any maintenance issues arise. Nursing staff educated by the Staff Educator on proper use of the maintenance electronic work-order system. The Housekeeping Director educated housekeeping staff that the nourishment room cleaning schedule has been updated, requiring nourishment rooms to be cleaned daily rather than monthly, with a cleaning log that must be completed each day.</p> <p>4. Monitoring</p> <p>The Housekeeping Supervisor or designee will complete daily audits of each nourishment room for one week and weekly audits for 3 weeks using a standardized audit tool. Then audits will be conducted biweekly for one month and then monthly for one month. All findings are to be reported to the Quality Assurance and Performance Improvement committee. All audit findings will be reviewed during the monthly QAPI meeting, and any concerns will be addressed immediately. Ongoing compliance will be monitored through the facility's regular QAPI process.</p>	

New Jersey State Department of Health

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S0000	Initial Comments  Complaint #s NJ 2620149  COMPLAINT SURVEY: 10/30/25  CENSUS: 139  SAMPLE SIZE: 2 + 1 closed record  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		11/19/2025
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:  Based on review of the Nurse Staffing Reports, it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratios for the day and overnight shifts as mandated by the State of New Jersey for:  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:	S0560	Corrective Action  No residents were affected by not meeting the State of New Jersey minimum staffing requirements as determined by routine monitoring and review on those dates that no significant changes were noted.  Identification of Other Residents  All residents have the potential to be affected.  Systemic Changes:  The Administrator educated the Staffing Coordinator about the required CNA-to-resident ratio. In addition, recruitment and retention efforts continue to include:  a. Job fairs	11/19/2025

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1</p> <p>One (1) Certified Nurse Aide (CNA) to every eight (8) residents for the day shift.</p> <p>One (1) direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>One (1) 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>1The surveyor requested staffing for the weeks of 9/7/25, 9/14/25, 10/12/25, and 10/19/25.</p> <p>For the 2 weeks of Complaint staffing from 09/07/2025 to 09/20/2025, the facility was deficient in CNA staffing for residents on 1 of 14 day shifts as follows:</p> <p>-09/09/25 had 15 CNAs for 132 residents on the day shift, required at least 16 CNAs.</p>	S0560	<p>Continued from page 1</p> <p>b. Daily staffing meetings and weekly Regional Labor Management reviews</p> <p>c. Training mentor program to support retention</p> <p>d. Culture committee to improve and maintain staff morale</p> <p>e. Recruitment bonus and sign-on bonuses offered.</p> <p>Monitoring</p> <p>To monitor and maintain ongoing compliance the Director of Nursing or designee will monitor staffing daily for 1 week, weekly for 3 weeks and monthly for 3 months. Results will be presented to the Quality Assurance and Performance Improvement team monthly for continued review and recommendations until substantial compliance is maintained.</p>	

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F0000	<p>INITIAL COMMENTS</p> <p>An offsite/desk review of the facility's Plan of Correction was conducted on 12/04/2025 in relation to the 10/30/2025 Recertification survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p>	F0000		

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S0000	Initial Comments  An offsite/desk review of the facility's Plan of Correction was conducted on 12/04/2025 in relation to the 10/30/2025 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		

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