

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315105	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER CORAL HARBOR REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2050 SIXTH AVE , NEPTUNE CITY, New Jersey, 07753	
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F0000	INITIAL COMMENTS Complaint ID #: 2650815, 2790808, 2795554, 2998325 Survey Date: 5/7/2026 Census: 100 Sample Size: 30 + 3 closed records The facility was not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for Long-Term Care Facilities. Deficiencies were cited for this survey.	F0000		05/27/2026
F0684 SS = G	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is NOT MET as evidenced by: Complaint #2790808 Based on observation, interview, review of medical records, and other pertinent facility documentation, it was determined that the facility failed to a.) ensure a Registered Nurse (RN) immediately assessed a resident who had [REDACTED] and [REDACTED] NJ Exec Order 26.4b1. On [REDACTED] Resident #3 had an [REDACTED] NJ Exec Order 26.4b1. The Licensed Practical Nurse (LPN #1) responded to the [REDACTED] and did not call an RN to assess the resident. The resident [REDACTED] NJ Exec Order 26.4b1 and was [REDACTED] NJ Exec Order 26.4b1 back to bed by two Certified Nursing Assistants (CNAs). On [REDACTED] 4 days later, the resident was transferred to the Emergency Room (ER) for an unrelated [REDACTED] NJ Exec Order 26.4b1 and was diagnosed with a [REDACTED] NJ Exec Order 26.4b1. The facility further failed to b.)	F0684	Resident #3 was readmitted to the facility on [REDACTED] NJ Exec Order 26.4b1 and an admission evaluation was completed. Certified nursing assistant #2 and Certified nursing assistant #3 received individualized education from the Assistant Director of Nursing regarding [REDACTED] NJ Exec Order 26.4b1 procedures, including observation, reporting requirements, and communication of changes in condition. Licensed practical nurse #1 received individualized education from the Assistant Director of Nursing regarding the requirement to notify a Registered Nurse of changes in resident condition and [REDACTED] NJ Exec Order 26.4b1 events. Resident #10 no longer resides in the facility. Licensed practical nurse #5 received individualized education from the Director of Nursing regarding [REDACTED] NJ Exec Order 26.4b1 evaluation requirements, physician notification, and changes in condition reporting. Any resident post fall has the potential to be affected. Additional residents with falls, hospital transfers, physician notification, and changes in condition over the last thirty days were reviewed by the Director of Nursing on May 22, 2026. No other residents were affected. Licensed nurses and Certified nursing assistants will be educated about falls, neurological monitoring, transfers, physician notification, evaluation before moving resident, changes in condition, and to verify interventions in place are present (e.g. fall mat) by the Assistant Director of Nursing or designee.	06/18/2026

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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F0684 SS = G	Continued from page 1 ensure that a resident (Resident #10) who experienced an [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] in their medical condition was properly assessed and treated in a timely manner. This deficient practice was identified for 2 of 2 residents (Resident #3 and Resident #10) reviewed for quality of care and was evidenced by the following: 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 registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling and provision of care supportive to or restorative of life and well-being, and executing medical regimes as prescribed by a licensed or otherwise legally authorized physician or dentist." 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." 1.) On 5/3/2026 at 10:48 AM, during the initial tour of the facility, the surveyor observed Resident #3 in the activities room on the [NJ Exec Order 26.4b1] floor. The resident was seated on a [NJ Exec Order 26.4b1]. The surveyor observed the resident's [NJ Exec Order 26.4b1] to be [NJ Exec Order 26.4b1] at the [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] areas and the resident's [NJ Exec Order 26.4b1] on their [NJ Exec Order 26.4b1]. The resident was speaking to other residents who were seated at their table. On 5/4/2026 at 9:39 AM, the surveyor observed the resident in bed with no [NJ Exec Order 26.4b1] on either side of the bed. Their [NJ Exec Order 26.4b1] was [NJ Exec Order 26.4b1] at the [NJ Exec Order 26.4b1] with the resident's [NJ Exec Order 26.4b1] on their [NJ Exec Order 26.4b1]. The resident's [NJ Exec Order 26.4b1] were observed to be [NJ Exec Order 26.4b1]. On that same date and time, the surveyor interviewed the resident who stated that they [NJ Exec Order 26.4b1] in the facility [NJ Exec Order 26.4b1] with one [NJ Exec Order 26.4b1] that resulted with them [NJ Exec Order 26.4b1]. The resident showed the surveyor how they [NJ Exec Order 26.4b1] the [NJ Exec Order 26.4b1] on the bed with their [NJ Exec Order 26.4b1].	F0684	Continued from page 1 Licensed nurses had education initiated related to change in condition scenarios and was conducted by the Director of Nursing to evaluate competency. Licensed Nurses were educated that an Registered Nurse will assess any resident that has a fall regardless of where they are assigned in the facility before the resident is moved. If an Registered Nurse is not in the facility at the time, the next available Registered nurse regardless of their assignment will assess the resident. The Director of Nursing or designee will complete weekly fall audits on any resident who has sustained a fall related to the registered nurse assessment. In addition, audits will be completed on any resident who has been transferred to the hospital related to change in condition and transfer protocol. Audit will be conducted weekly for four weeks, the monthly for two months. Results of the audits will be presented by the Director of Nursing or designee to the Administrator at the monthly Quality Assurance and Performance Improvement meeting for a period of three months. Any identified variance will be reviewed and the plan will be revised until compliance is achieved.	06/18/2026

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F0684 SS = G	Continued from page 2 in bed, but ended up on the left side of the bed, and . The resident stated that they were alone when the incident occurred. The resident stated that CNA #2 came to check on them and called the unit nurse. The resident further stated that CNA #2 and denied that they were to from the by . The resident stated that they were already in bed when the nurse came to take their . The resident stated that they experienced NJ Exec Order 26.4b1 including the area when they . The resident stated that only one nurse came to check on the resident after the . The surveyor reviewed the medical record for Resident #3. A review of the Admission Record (an admission summary), reflected that Resident #3 was readmitted to the facility with diagnoses which included but were not limited to the following: of the NJ Exec Order 26.4b1). A review of the most current quarterly Minimum Data Set (MDS), an assessment tool dated , reflected the resident had a Brief Interview for Mental Status (BIMS) score of out of 15, which indicated the resident was cognitively . A review of the resident's did not reveal any . A review of the resident's in the reflected the resident had an NJ Exec Order 26.4b1 . The NJ Exec Order 26.4b1 was coded for . A review of the resident's NJ Exec Order 26.4b1 in the MDS reflected that the resident was on for activities of daily living including NJ Exec Order 26.4b1 and vice versa. Being NJ Exec Order 26.4b1 means that the NJ Exec Order 26.4b1 . A review of the resident's health conditions did not capture the resident's when the resident NJ Exec Order 26.4b1 . A review of the individual comprehensive care plan (ICCP) included a focus area for risk of related to NJ Exec Order 26.4b1 created on . The interventions included the following: to (Specify: NJ Exec Order 26.4b1) initiated on .	F0684	06/18/2026

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F0684 SS = G	Continued from page 3 NJ Exec Order 26.4b1 The ICCP also specified that the resident NJ Exec Order 26.4b1 A review of the Order Summary Report (OSR) active as of NJ Exec Order 26.4b1 revealed the following physician orders: NJ Exec Order 26.4b1 Tablet NJ Exec mg. Give NJ tablets by mouth every 6 hours as needed for general NJ for total dose of NJ Do not exceed NJ grams per 24 hours started on NJ and discontinued on NJ NJ Exec Order 26.4b1 documentation x (for) 72 hours every shift for s/p NJ for 3 Days, shift note regarding NJ VS (vital signs) per shift, NJ checks every shift started on NJ A review of the corresponding Medication Administration Record (MAR) in NJ Exec Order 26.4b1 revealed that the resident was maintained with NJ except on the following dates when NJ Exec Order 26.4b1 mg was administered to them: on NJ at 4:00 PM for NJ of NJ, on NJ at 5:00 PM for NJ Exec Order 26.4b1, and on NJ at 12:27 AM for NJ Exec Order 26.4b1. The MAR also reflected that the resident NJ their day shift medications or NJ prior to the NJ A review of the Progress Notes (PN) revealed on NJ 2:53 PM, LPN #3 documented that the resident NJ all their morning medications. At 3:32 PM, the nurse documented that the resident's physician was contacted because of the resident's NJ of medications and a NJ of NJ on the day shift. The physician gave a telephone order to NJ the resident with NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 NJ NJ. A request for NJ Exec Order 26.4b1 NJ was placed with [name of service redacted]. Further review of the PN revealed that on NJ at 3:30 PM, LPN #4 documented that the resident had an NJ LPN #4 checked the resident's vital signs, evaluated their NJ and NJ, administered NJ mg by NJ for NJ initiated NJ Exec Order 26.4b1, placed the NJ Exec Order 26.4b1, placed the call bell within reach of the resident, and notified the resident's physician. LPN #4 also completed the NJ	F0684		06/18/2026

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F0684 SS = G	Continued from page 4 risk evaluation, [REDACTED] check, and [REDACTED] evaluation forms in the EMR (electronic medical record). There was no documentation to indicate that an RN assessed the resident or [REDACTED] was assessed and compared to the resident's [REDACTED]. There were no documented [REDACTED] for the resident's [REDACTED] to include the [REDACTED] NJ Exec Order 26.4b1 [REDACTED] on a scheduled basis within the PN. Further review of the PN revealed a health status note from Resident #3's physician entered on [REDACTED] at 9:38 AM, with a specified Date of Service on [REDACTED] did not include any reference to the resident's [REDACTED] NJ Exec Order 26.4b1 A review of the progress notes after the resident's fall revealed that on [REDACTED] the resident verbalized to the staff that they were going to [REDACTED] if their family members would not be in the facility in 5 minutes. The resident was transferred to the hospital for further evaluation which showed an [REDACTED] NJ Exec Order 26.4b1. The resident was [REDACTED] NJ Exec Order 26.4b1 without [REDACTED] NJ Exec Order 26.4b1 since the resident was [REDACTED] NJ Exec Order 26.4b1. The resident was readmitted to the facility on [REDACTED] NJ Exec Order 26.4b1 A review of a Facility Reportable Event (FRE) submitted to the New Jersey Department of Health (NJDOH) on [REDACTED] revealed that on [REDACTED] the resident was transferred to the Emergency Room for [REDACTED] and upon assessment was diagnosed with a [REDACTED] NJ Exec Order 26.4b1. A review of the facility's undated investigation concluded that the resident sustained the [REDACTED] NJ Exec Order 26.4b1 from the [REDACTED] NJ Exec Order 26.4b1 which went undetected because of the resident's [REDACTED] NJ Exec Order 26.4b1 was ruled out. A review of the facility nursing schedule on [REDACTED] revealed there were two RNs (RN #1, RN #2) present in the facility on the day shift at the time of the resident's [REDACTED] NJ Exec Order 26.4b1 On 5/4/2026 at 11:45 AM, the surveyor conducted a telephone interview with CNA #2 who stated that on [REDACTED] the resident [REDACTED] NJ Exec Order 26.4b1 on the [REDACTED] NJ Exec Order 26.4b1. The surveyor asked CNA #2 if they [REDACTED] NJ Exec Order 26.4b1. CNA #2 stated that the resident was already in bed. CNA #2 told the surveyor that they wrote a statement regarding the [REDACTED] NJ Exec Order 26.4b1	F0684		06/18/2026

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F0684 SS = G	Continued from page 5 A review of the CNA #2's statement revealed that she NJ Exec Order 26.4b1 after the nurse checked the resident's vital signs. On 5/5/2026 at 9:18 AM, the surveyor conducted a telephone interview with Resident #3's physician who stated that on NJ Exec Order 26.4b1 they received text messages from LPN #4 and LPN #3 regarding the resident's NJ Exec Order 26.4b1 of medications. NJ Exec Order 26.4b1 and ordered NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 physician stated they also received a message at 4:00 PM, that the resident NJ Exec Order 26.4b1. The physician stated that it was their medical judgement not to order a NJ Exec Order 26.4b1. On 5/5/2026 at 9:31 AM, the surveyor attempted to conduct a telephone interview with LPN #3 but was unable to. On 5/5/2026 at 12:38 PM, the surveyor interviewed RN #1 who stated that LPNs and RNs assess residents who NJ Exec Order 26.4b1 in the facility. RN #1 confirmed that they did not assess Resident #3 on NJ Exec Order 26.4b1. On 5/5/2026 at 12:39 PM, the surveyor interviewed CNA #4 who stated that it was the facility protocol to call for help when a resident NJ Exec Order 26.4b1. On 5/5/2026 at 3:31 PM, the surveyor conducted a telephone interview with LPN #4 who stated that they assessed Resident #3's vital signs, NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1, and for NJ Exec Order 26.4b1. The LPN also stated that they witnessed CNA #2 and CNA #3 NJ Exec Order 26.4b1 the resident NJ Exec Order 26.4b1. The surveyor asked LPN #4 whether they had seen the CNAs use the NJ Exec Order 26.4b1 the resident. LPN #4 stated that they had not seen the CNAs use the NJ Exec Order 26.4b1 for the resident NJ Exec Order 26.4b1. LPN #4 stated they did not call another nurse or an RN to assess the resident NJ Exec Order 26.4b1. A review of LPN #4's written statement on NJ Exec Order 26.4b1 revealed that the resident was NJ Exec Order 26.4b1 by the CNAs. On 5/05/2026 at 4:21 PM, the surveyor conducted a telephone interview with RN #2 who stated that they worked in the facility during the day shift of NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 floor. RN #2 stated that they were not called to assess Resident #3's fall during their shift. RN #2 stated that the facility protocol was for LPNs and RNs to assess the residents who NJ Exec Order 26.4b1. On 5/6/2026 at 10:36 AM, the surveyor interviewed the U.S. FOIA (b)(6) who stated that LPNs	F0684		06/18/2026

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F0684 SS = G	Continued from page 6 can assess the residents who [REDACTED] if there were no RNs in the building. When the RNs come in, then they could assess the residents at that time. A review of the facility policy revised in September 2012, titled "Fall – Clinical Protocol" indicated under Assessment and Recognition the following: "2) In addition, the nurse shall assess and document/ report the following: a. Vital signs; b. Recent injury, especially fracture or head injury; c. Musculoskeletal function, observing for change in normal range of motion, weight bearing, etc. d. Change in condition or level of consciousness; e. Neurological status; f. Pain; g. Frequency and number of falls since last physician visit; h. Precipitating factors, details on how fall occurred; i. All current medications, especially those associated with dizziness or lethargy, and j. All active diagnosis... 4) The physician will identify medical conditions affecting fall risk (for example, a recent stroke or medications associated with increased falling risk) and the risk for significant complications of falls (for example, increased fracture risk in someone with osteoporosis or increased risk of bleeding in someone taking an anticoagulant)." Part 2 2.) On 5/5/2026 at 9:42 AM, Surveyor #2 reviewed the closed record of Resident #10. A review of the Admission Record (an admission summary), revealed that the resident was admitted to the facility with diagnoses which included but were not limited to: NJ Exec Order 26.4b1 [REDACTED] A review of the comprehensive Minimum Data Set (MDS), dated [REDACTED], revealed that the resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of 15, which indicated that the resident was cognitively [REDACTED]. Further review of the MDS revealed that the resident had active diagnoses which included NJ Exec Order 26.4b1 [REDACTED]	F0684				06/18/2026	

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F0684 SS = G	Continued from page 7 NJ Exec Order 26.4b1). A review of the resident's individual comprehensive care plan (ICCP) included a focus area with a cancelled date of NJ Exec Order 26.4b1, which indicated the resident was at risk to NJ Exec Order 26.4b1 r/t (related to NJ Exec Order 26.4b1). The Goal included: My risk to NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 will be NJ Exec Order 26.4b1 e) through the review date. Interventions included: Monitor vital signs, including NJ Exec Order 26.4b1 as ordered an/or clinically indicated. Report abnormal findings to the practitioner. Document findings and interventions. Further review of the ICCP included a focus area with a cancelled date of NJ Exec Order 26.4b1, which indicated the resident Required NJ Exec Order 26.4b1 r/t NJ Exec Order 26.4b1. Goals included: I will remain free of NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 through review date. Interventions included: Monitor vital signs, including NJ Exec Order 26.4b1, as ordered and clinically RN (Registered Nurse) Licensed Practical Nurse (LPN) indicated. Report abnormal findings to practitioner. Document findings and interventions. Further review of the ICCP included a focus area with a cancelled date of NJ Exec Order 26.4b1, which indicated the resident had an NJ Exec Order 26.4b1 r/t NJ Exec Order 26.4b1. Interventions included: Monitor for signs and symptoms of NJ Exec Order 26.4b1 such NJ Exec Order 26.4b1. Report abnormal findings to Practitioner; Document findings and interventions. A review of the Order Summary Report including the following Physician's Order (PO): A PO, dated NJ Exec Order 26.4b1, for NJ Exec Order 26.4b1. A PO, dated NJ Exec Order 26.4b1, for NJ Exec Order 26.4b1 (a NJ Exec Order 26.4b1). A review of the electronic medical record (EMR) revealed a Health Status Note (HSN) effective on	F0684	06/18/2026

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F0684 SS = G	Continued from page 8 NJ Exec Order 26.4b1 at 00:56 AM (12:56 AM) that was written by Licensed Practical Nurse (LPN # 5) included the following: "Upon doing round [sic] at 11:30pm, found resident in NJ Exec Order 26.4b1, obtain vital sign NJ Exec Order 26.4b1, was unable to obtain NJ Exec Order 26.4b1, slightly not as usual, after one and half hour recheck vitals with another nurse, reading obtain [sic] NJ Exec Order 26.4b1 still unable to read NJ Exec Order 26.4b1, call placed to U.S. FOIA (b)(6) to relayed [sic] pt condition unable to reach him, call and relayed pt condition, he/she was pick up at 12:50 am will continue to follow up with pt while sent to hospital for further evaluation." Further review of the EMR revealed a Health Status Note with an effective date NJ Exec Order 26.4b1 at 1:25 (AM) revealed, "Doctor [name redacted] call back at 1:15 am, and ordered to send pt out to ER for evaluation." Further review of the EMR revealed a HSN with an effective date NJ Exec Order 26.4b1 at 15:14 (3:14 PM) that was written by the U.S. FOIA (b)(6) included: Pt admitted to [hospital name redacted] for On 5/5/2026 at 10:38 AM, the surveyor phoned LPN # 5 in the presence of the survey team and conducted an interview via speakerphone with her permission. The surveyor reviewed the HSN dated NJ Exec Order 26.4b1 at 12:56 AM aloud with LPN #5. LPN #5 stated that she had taken the resident's vital signs and her supervisor, was there. LPN #5 was unable to state the name of the U.S. FOIA (b)(6) when asked and the documentation within the resident's EMR did not indicate the presence of a U.S. FOIA (b)(6). LPN #5 stated that she called the U.S. FOIA (b)(6) and received no response, so we decided to call NJ Exec LPN #5 stated that she returned to the resident's room with a Registered Nurse (RN #3), who was another nurse on the unit, and we rechecked the resident's vital signs. LPN #5 stated that the resident's NJ Exec Order 26.4b1, and the NJ Exec Order 26.4b1 could not read the resident's NJ Exec Order 26.4b1. LPN #5 stated that we called NJ Exec and they said that they were coming. When the surveyor asked LPN #5 why she had waited one and a half hours to recheck the resident's vital signs with another nurse after she documented that at 11:30 PM, she found the resident NJ Exec Order 26.4b1 NJ Exec LPN #5	F0684		06/18/2026

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NAME OF PROVIDER OR SUPPLIER CORAL HARBOR REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2050 SIXTH AVE , NEPTUNE CITY, New Jersey, 07753	
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F0684 SS = G	Continued from page 9 stated that she could not remember the time frames. LPN #5 stated that the second time that she went to see the resident the resident had [REDACTED] NJ Exec Order 26.4b1. When the surveyor asked LPN #5 if the resident [REDACTED] NJ Exec Order 26.4b1 at any point she stated, Yes, the resident [REDACTED] NJ Exec Order 26.4b1 before [REDACTED] came. When the surveyor asked LPN #5 if she had ever received any education or training related to [REDACTED] NJ Exec Order 26.4b1 she stated, "No." On 5/5/2026 at 12:48 PM, the surveyor attempted to reach interview RN #3 via telephone, but was unable to reach her. On 5/6/2026 at 9:32 AM, the surveyor interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM #2) who stated that Resident #10 should have been [REDACTED] NJ Exec Order 26.4b1 immediately, and a [REDACTED] NJ Exec Order 26.4b1 should have been called to the resident's room because the more hands to care for the resident, the better. LPN/UM #2 stated that if LPN #5 could not get a [REDACTED] NJ Exec Order 26.4b1 on the resident, the resident should have been sent out via [REDACTED] NJ Exec Order 26.4b1 and then called the physician. LPN/UM #2 stated that a nurse should have remained with the resident as the resident could have become [REDACTED] NJ Exec Order 26.4b1 LPN/UM #2 stated that the resident's first set of vital signs were [REDACTED] NJ Exec Order 26.4b1 and she should not have waited. LPN/UM #2 stated that the [REDACTED] NJ Exec Order 26.4b1 was very [REDACTED] NJ Exec Order 26.4b1 all signs and symptoms of possible [REDACTED] NJ Exec Order 26.4b1 or [REDACTED] NJ Exec Order 26.4b1 LPN/UM #2 stated that a [REDACTED] NJ Exec Order 26.4b1 should have been called and all nurses and the RN should have responded. LPN/UM #2 stated that she could not tell if a [REDACTED] NJ Exec Order 26.4b1 were called or if the resident were assessed by an RN from the Progress Note that LPN #5 had written because her note just indicated that she brought another nurse in, but it did not say if it were an RN or not. LPN/UM #2 stated the facility did have a [REDACTED] NJ Exec Order 26.4b1 protocol and she was educated regarding the protocol upon hire. On 5/6/2026 at 9:46 AM, the surveyor interviewed the [REDACTED] U.S. FOIA (b)(6) who stated that the facility [REDACTED] NJ Exec Order 26.4b1 protocol included if a resident were identified with an [REDACTED] NJ Exec Order 26.4b1, with a [REDACTED] NJ Exec Order 26.4b1 or an [REDACTED] NJ Exec Order 26.4b1, there was a criteria to follow, and we sent the residents to the hospital very quickly, because [REDACTED] NJ Exec Order 26.4b1 was very fast acting. The [REDACTED] U.S. FOIA (b)(6) stated that the resident could have [REDACTED] NJ Exec Order 26.4b1 and a [REDACTED] NJ Exec Order 26.4b1 and it was definitely an inappropriate action that LPN #5 had taken. The [REDACTED] U.S. FOIA (b)(6) stated, "That is a delay in care." The [REDACTED] U.S. FOIA (b)(6) stated that the nurse who went with LPN #5 into the room to recheck the resident's vital signs also	F0684		06/18/2026

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F0684 SS = G	Continued from page 10 should have written a note and documented that she assessed the resident. The [U.S. FOIA (b)(6)] stated that LPN #5 either should have did the [NJ Exec Order 26.4b1] protocol or called for help. The [U.S. FOIA (b)(6)] stated, [NJ Exec Order 26.4b1] s, it is in the documentation that the resident presented as if they needed [NJ Exec Order 26.4b1] and absolutely should not have had to have waited at [NJ Exec Order 26.4b1] On 5/6/2026 at 9:58 AM, the surveyor interviewed the [U.S. FOIA (b)(6)] [U.S. FOIA (b)(6)] who stated that Resident #10 was admitted to the facility on [NJ Exec Order 26.4b1] after they had become [NJ Exec Order 26.4b1] in the hospital and after we removed the [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1] and the resident became [NJ Exec Order 26.4b1] again. The [U.S. FOIA (b)(6)] stated that the doctor should have been called immediately. The [U.S. FOIA (b)(6)] stated LPN #5 was a nurse and should have taken accountability for her patient because she would not have let it get that far. The [U.S. FOIA (b)(6)] read the HSN and stated that [NJ Exec Order 26.4b1] could have indicated that the resident was having a [NJ Exec Order 26.4b1] and she should have dealt with it right away and called the doctor and the hospital. The [U.S. FOIA (b)(6)] stated, "You do not wait an hour. I am sorry. Yes, I would have to say there was a delay in treatment, and there could have been [NJ Exec Order 26.4b1] especially if it were a [NJ Exec Order 26.4b1]. The [NJ Exec Order 26.4b1] stated we have a [NJ Exec Order 26.4b1], and we are to get them out the door as soon as possible if they have [NJ Exec Order 26.4b1] because the hospital is [NJ Exec Order 26.4b1]" At that time, the [U.S. FOIA (b)(6)] stated the nurse who accompanied LPN #5 into see Resident #10 definitely should have written a note to document their findings and what they did about it. The [U.S. FOIA (b)(6)] stated that the resident [NJ Exec Order 26.4b1] but did not return here, as the resident was actually [NJ Exec Order 26.4b1] from here prior to hospitalization. On 5/6/2026 at 11:36 AM, in a later interview with the [U.S. FOIA (b)(6)] the [U.S. FOIA (b)(6)] stated that she confirmed that the resident was admitted to the hospital on [NJ Exec Order 26.4b1] at 1:20 AM. The [U.S. FOIA (b)(6)] stated she interviewed LPN #5 who maintained that it was a half hour, and not an hour and a half before she had another nurse confirm the resident's vital signs with her. The [U.S. FOIA (b)(6)] stated that LPN #5 maintained that she remained with Resident #10 and [NJ Exec Order 26.4b1] the resident's [NJ Exec Order 26.4b1] in an effort to [NJ Exec Order 26.4b1] to [NJ Exec Order 26.4b1]. When the surveyor asked if LPN #5 if she should have waited a half hour to seek the help of another nurse the [U.S. FOIA (b)(6)] stated, No, LPN #5 should have sought help immediately. The	F0684		06/18/2026

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F0881 SS = F	Continued from page 12 includes antibiotic use protocols and a system to monitor antibiotic use. This REQUIREMENT is NOT MET as evidenced by: Based on an interview and review of other pertinent facility documentation, it was determined that the facility failed to fully implement the antibiotic stewardship program, including ongoing monitoring and use of surveillance criteria when antibiotics were prescribed. This deficient practice was identified for 5 of 5 months of antibiotic stewardship records reviewed and was evidenced by the following: On 5/5/2026 at 11:19 AM, the surveyor interviewed the [U.S. FOIA (b)(6)] regarding the facility's Antibiotic Stewardship Program (efforts to ensure that antibiotics were used only when necessary and appropriate). The [U.S.] stated that the facility used the McGeer's and Loeb's criteria (clinical and laboratory findings used to define and track infections) for each resident when an antibiotic was prescribed, to ensure that each resident met the criteria for antibiotic usage. She further stated that when a resident was started on antibiotics, they initiated the screening. She added that nursing would document any signs and symptoms of an infection. The system would then determine if the resident met the criteria for the antibiotics. She stated that if the criteria was not met, they would notify the physician. She also noted that sometimes the antibiotics were started before the culture and sensitivity (C&S) came back, because the doctor did not want to wait. The [U.S.] stated that it did not occur that often, as the Medical Director tried to educate the providers to make sure the residents were screened properly before they were started on antibiotics. The [U.S.] also stated that she has been providing education to the nurses that when they got an order for a chest X-ray, labs, urinalysis, wound culture, or anything that could possibly require an antibiotic, they should initiate the McGeer's criteria. At that time, the surveyor reviewed the antibiotic log (a log containing residents who were prescribed antibiotics). The [U.S.] stated that the corporate office provided her with the log on 5/4/2026. The surveyor randomly selected 10 residents who were prescribed [NJ Exec Order 26.4b] from [NJ Exec Order 26.4b1] and the following was identified: Resident #35, was started on [NJ Exec Order 26.4b1]	F0881	Continued from page 12 The [U.S. FOIA (b)(6)] was education by the Director of Nursing on 5/6/26 related to the Antibiotic Stewardship Program which included elements of documentation, tracking, and ongoing surveillance. Education was initiated by the Assistant Director of Nursing and designee for Licensed nurses on antibiotic stewardship requirements, use of McGeer criteria and documentation, infection surveillance, antibiotic tracking, physician notification, culture and sensitivity review. The Infection Preventionist or designee will complete up to five resident chart audits weekly for four weeks and then bi-monthly for two months. Audits will validate use of McGeer criteria. Results of the audits will be presented by the Infection Preventionist or designee to the Administrator at the monthly Quality Assurance and Performance Improvement meeting for a period of three months. Any identified variance will be reviewed, and the plan will be revised until compliance is achieved.	06/18/2026

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F0881 SS = F	Continued from page 13 NJ Exec Order 26.4b1 milligrams (MG) NJ Exec Order 26.4b1. There was no documented evidence that the NJ Exec Order 26.4b1 was completed. A further review of the Resident #35's, medical record revealed that the resident was also started on NJ Exec Order 26.4b1 milligrams (MG) on NJ Exec Order 26.4b1, for an NJ Exec Order 26.4b1. A further review of the NJ Exec Order 26.4b1 tracking log did not include an entry for that event. Resident #75, was started on NJ Exec Order 26.4b1 mg, NJ Exec Order 26.4b1 for a NJ Exec Order 26.4b1. A review of NJ Exec Order 26.4b1 revealed that it was completed on NJ Exec Order 26.4b1. At that time, the NJ Exec Order 26.4b1 stated she backtracked, and noticed that the NJ Exec Order 26.4b1 was not completed at the time that Resident #75 was started on the NJ Exec Order 26.4b1 so she completed it NJ Exec Order 26.4b1, after surveyor inquiry. Resident #33, was started on NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1. There was no documented evidence that the NJ Exec Order 26.4b1 was completed. Resident #9, was started on NJ Exec Order 26.4b1 mg NJ Exec Order 26.4b1. There was no documented evidence that NJ Exec Order 26.4b1 was completed. Resident #91, was started on NJ Exec Order 26.4b1 mg, NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1. There was no documented evidence that NJ Exec Order 26.4b1 was completed. Resident #117, was started on NJ Exec Order 26.4b1 for a NJ Exec Order 26.4b1. There was no documented evidence that NJ Exec Order 26.4b1 was completed. Resident #63, was started on NJ Exec Order 26.4b1. There was no documented evidence that NJ Exec Order 26.4b1 was completed. A further review of the medication administration record (MAR) revealed that Resident #63 was started on NJ Exec Order 26.4b1 for a NJ Exec Order 26.4b1. A further review of the NJ Exec Order 26.4b1 tracking log did not include the NJ Exec Order 26.4b1. Resident #49, was started on NJ Exec Order 26.4b1. There was no documented evidence that NJ Exec Order 26.4b1 was completed. A further review of the NJ Exec Order 26.4b1 tracking log did not include an entry for that event.	F0881		06/18/2026

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F0881 SS = F	Continued from page 14 Resident #119, was administered [redacted] NJ Exec Order 26.4b1 026 through [redacted] NJ Exec Order 26.4b1. There was no documented evidence that [redacted] NJ Exec Order 26.4b1 criteria was completed. On 5/07/2026 at 9:16 AM, the [redacted] U.S. FOIA (b)(6) stated that they had to make sure the resident was qualified to receive the [redacted] NJ Exec Order 26.4b1. She further stated that the [redacted] NJ Exec Order 26.4b1 criteria would be initiated prior to the resident starting the [redacted] NJ Exec Order 26.4b1. She added that she wanted to make sure the resident actually needed the [redacted] NJ Exec Order 26.4b1 because they did not want people on [redacted] NJ Exec Order 26.4b1 unnecessarily. She added that the previous [redacted] NJ Exec Order 26.4b1 was [redacted] due to not following the policies and procedures related to infection control. A review of the facility's "Antibiotic Stewardship-Review and Surveillance of Antibiotic Use" dated December 2016, "Antibiotic usage and outcome and documented using a facility-approved antibiotic surveillance tracking form. The data will be used to guide decisions for improvement of individual resident antibiotic prescribing practices and facility-wide antibiotic stewardship. ...All resident antibiotic regimens will be documented on the facility-approved antibiotic surveillance tracking form...." NJAC 8:39-19.4(c) (d)	F0881		06/18/2026
F0695 SS = E	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. 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. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to provide the provision of [redacted] NJ Exec Order 26.4b1 care in accordance with professional standards of practice specifically by: a.) not having a physician's order for [redacted] NJ Exec Order 26.4b1	F0695	Resident #7 [redacted] NJ Exec Order 26.4b1 supplies at the bedside were discarded immediately, and the resident received a [redacted] NJ Exec Order 26.4b1, labeled supplies, and the resident was provided with a new, labeled [redacted] NJ Exec Order 26.4b1 as well by director of nursing or designee. Resident #8 physician was notified and an order obtained for [redacted] NJ Exec Order 26.4b1 supplies at the bedside were discarded immediately, and the resident received a [redacted] NJ Exec Order 26.4b1, labeled supplies, and the resident was provided with a new, labeled [redacted] NJ Exec Order 26.4b1 as well by director of nursing or designee. Any resident being administered oxygen has the potential to be affected. A house audit was completed related to oxygen use, supplies, humidification (including interventions for the use and care of the humidification equipment) by the director of nursing or designee. No other residents were affected.	06/18/2026

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F0695 SS = E	Continued from page 15 administration. b.) not storing an NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 equipment, and the NJ Exec Order 26.4b1 was dated. The deficient practice was identified for 2 of 3 residents (Residents #7, and Resident #8) reviewed for NJ Exec Order 26.4b1 Care and was evidenced by the following: 1.) On 5/3/2026 at 11:02 AM, during the initial tour of the facility, the surveyor observed Resident #7 in their room and the resident received NJ Exec Order 26.4b1 The surveyor noted that the NJ Exec Order 26.4b1 was not labeled or dated. When the surveyor asked the resident how often the staff changed the NJ Exec Order 26.4b1 the resident stated, "They do not change it, I take care of it myself." At that time, the surveyor observed that next to the resident's bed there was an NJ Exec Order 26.4b1 that was NJ Exec Order 26.4b1. The NJ Exec Order 26.4b1 not in a NJ Exec Order 26.4b1 was exposed to air, and was not dated. When interviewed the resident confirmed with the surveyor that they used the NJ Exec Order when they were in their wheelchair. On 5/4/2026 at 12:00 PM, the surveyor observed Resident #7's NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1 and was not in a NJ Exec Order 26.4b1 was exposed to air, and was not dated. The surveyor reviewed the Electronic Medical Record (EMR) for Resident #7. A review of the Admission Record, an admission summary, revealed that Resident #7 was admitted to the facility with diagnoses which included, but were not limited to: NJ Exec Order 26.4b1	F0695	Continued from page 15 Education was initiated by the Infection Preventionist or designee regarding oxygen equipment including dating and labeling of respiratory supplies including humidification (including interventions for the use and care of humidification equipment) and obtaining orders for oxygen administration. The Director of Nursing or Designee will complete weekly audits for five resident records for four weeks then bi-monthly for two months related to respiratory supply labeling, dating, storage, and orders for oxygen administration. In addition, validation for humidification (dating, labeling, and care plan interventions). Results of the audits will be presented by the Infection Preventionist to the Administrator at the monthly Quality Assurance and Performance Improvement meeting for a period of three months. Any identified variance will be reviewed, and the plan will be revised until compliance is achieved.	06/18/2026

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	Continued from page 16 NJ Exec Order 26.4b1). A review of the most recent comprehensive Minimum Data Set (MDS), dated [REDACTED], an assessment tool used to facilitate a resident's care, indicated that the Resident scored [REDACTED] out of 15 on the Basic Interview for Mental Status (BIMS) which indicated that the resident was cognitively [REDACTED]. Further review of the MDS revealed that the Resident was on [REDACTED]. A review of the resident's individual comprehensive care plan (ICCP) included a focus area revised on [REDACTED] that the resident has [REDACTED] related to [REDACTED] NJ Exec Order 26.4b1 interventions included: administer [REDACTED] per order, monitor for signs and symptoms of [REDACTED] NJ Exec Order 26.4b1 report to [REDACTED] U.S. FOIA (b)(6)) as needed initiated on [REDACTED] NJ Exec Order 26.4b1. A Focus area, dated [REDACTED] NJ Exec Order 26.4b1, that the resident has [REDACTED] Interventions included: give [REDACTED] NJ Exec Order 26.4b1 as ordered by the physician, monitor for signs and symptoms of [REDACTED] NJ Exec Order 26.4b1. Further review of the care plan failed to include interventions for the use and care of the [REDACTED] NJ Exec Order 26.4b1 equipment. A review of the Treatment Administration Record (TAR) reflected a physician's order (PO) dated [REDACTED] NJ Exec Order 26.4b1 every shift. A physician's order, dated [REDACTED] NJ Exec Order 26.4b1 changed and dated on 11-7 shift every [REDACTED] NJ Exec Order 26.4b1. On 5/4/2026 at 12:04 PM, Licensed Practical Nurse (LPN#1) accompanied the surveyor into the resident's room. During an interview with the surveyor, LPN#1 verified that the [REDACTED] NJ Exec Order 26.4b1 in the resident's room was not dated. The surveyor asked LPN #1 if the [REDACTED] NJ Exec Order 26.4b1 should be dated and LPN#1 stated, "Yes, it should be dated". The surveyor asked LPN#1 what the process was for refilling and changing the [REDACTED] NJ Exec Order 26.4b1 and LPN#1 responded that the [REDACTED] NJ Exec Order 26.4b1 was refilled by staff as needed and changed weekly and as needed on the 11-7 shift. On 5/4/2026 at 1:10 PM, during a later interview with LPN #1 regarding the resident's [REDACTED] NJ Exec Order 26.4b1 LPN#1 verified that the [REDACTED] NJ Exec Order 26.4b1 that was connected to the [REDACTED] NJ Exec Order 26.4b1 on the resident's wheelchair and was not dated and was exposed to air. The surveyor asked LPN#1 what the process was for storing and changing the [REDACTED] NJ Exec Order 26.4b1 and LPN#1 stated the [REDACTED] NJ Exec Order 26.4b1 should be changed weekly on the 11-7 shift and as needed. LPN#1 further stated the [REDACTED] NJ Exec Order 26.4b1 should be			

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NAME OF PROVIDER OR SUPPLIER CORAL HARBOR REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2050 SIXTH AVE , NEPTUNE CITY, New Jersey, 07753		
(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
F0695 SS = E	Continued from page 17 dated and stored in a dated bag on the wheelchair when not in use. On 5/6/2026 at 12:57 PM during an interview with the surveyor in the presence of the LNHA and survey team, the U.S. FOIA (b)(6) stated, "The resident's NJ Exec Order 26.4b1 should have been dated and stored in a when not in use, and the NJ Exec Order 26.4b1 should have been changed and dated." 2.) On 5/3/2026 at 10:32 AM, the surveyor observed that Resident #8 was not in their room. The surveyor observed an NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 lying on the resident's bed exposed to air, no NJ Exec Order 26.4b1 was noted, and there was no date on the NJ Exec Order 26.4b1 On 5/4/2026 at 11:50 AM, the surveyor observed that Resident #8 was not in their room. The surveyor observed an NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 lying on the resident's bed and it was not dated and was not in a NJ Exec Order 26.4b1 On 5/5/2026 at 1:01 PM, the surveyor observed an NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 lying on the resident's bed, and it was not in a NJ Exec Order 26.4b1 and was not dated. On 5/6/2026 at 9:00 AM, the surveyor reviewed the electronic medical record for Resident #8. A review of Resident #8's Admission Record, an admission summary, revealed the resident had diagnoses which included, but were not limited to: NJ Exec Order 26.4b1 A review of the resident's quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Exec Order 26.4b1, included the resident had a Brief Interview for Mental Status (BIMS) score of NJ Exec Order 26.4b1 out of 15, which indicated the resident's cognition was NJ Exec Order 26.4b1 Further review of the MDS revealed the resident was on NJ Exec Order 26.4b1 A review of the resident's individual comprehensive care plan (ICCP) included a focus area, dated NJ Exec Order 26.4b1, that the resident used NJ Exec Order 26.4b1 at bedtime. Interventions included: add NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 as needed; monitor NJ Exec Order 26.4b1 as ordered and clinically indicated. A	F0695		06/18/2026

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F0695 SS = E	Continued from page 18 Focus area, dated [REDACTED] included the resident is at risk for [REDACTED] NJ Exec Order 26.4b1 related to [REDACTED] interventions included: Monitor vital signs including [REDACTED] as ordered and/or clinically indicated, administer [REDACTED] as ordered, keep [REDACTED] clean, and change [REDACTED] per facility policy. A review of the Order Summary Report (OSR) revealed there was no physician's order (PO) for [REDACTED] as required. A review of the progress notes included a Health Status Note, dated [REDACTED] at 22:33 (10:33pm), written by Licensed Practical Nurse (LPN #6) which indicated that: "9:30 pm resident complained of [REDACTED] Vital signs stable; [REDACTED] applied at [REDACTED] NJ Exec Order 26.4b1 [REDACTED] arrived; 10:05 pm resident transported to (name redacted) emergency room [REDACTED] NJ Exec Order 26.4b1; 10:18 pm [REDACTED] notified; 10:32pm resident's [REDACTED] notified." On 5/5/2026 at 1:01 PM, during an interview with the surveyor regarding [REDACTED] use Resident #8 stated, "I have been using the [REDACTED] at bedtime as needed for about [REDACTED] NJ Exec Order 26.4b1." Resident #8 stated that he/she started on the [REDACTED] when they had an [REDACTED] of [REDACTED] NJ Exec Order 26.4b1 and was sent to the emergency room about [REDACTED] NJ Exec Order 26.4b1 and has been using it ever since they returned from the hospital. On 5/6/2026 at 9:32 AM, LPN #1 accompanied the surveyor into the resident's room to verify and observe the [REDACTED] NJ Exec Order 26.4b1 and [REDACTED] NJ Exec Order 26.4b1 which had [REDACTED] attached, with [REDACTED] not dated, and no [REDACTED] NJ Exec Order 26.4b1. The surveyor asked LPN #1 if there was an order for [REDACTED] and LPN#1 checked in the resident's electronic medical record (EMR) and stated that there was not an order. The surveyor asked LPN #1 if there should be an order for [REDACTED] and what was the process for [REDACTED] use. LPN #1 stated, "First you need an order for [REDACTED] and an order for the [REDACTED] for the [REDACTED] to be changed [REDACTED] and as needed for infection control." On 5/6/2026 at 9:35 AM, during an interview with the surveyor the Licensed Practical Nurse/Unit Manager (LPN/UM #1) verified there was no order for [REDACTED] for Resident #8. LPN/UM #1 further stated "There should have been an order for the [REDACTED] NJ Exec Order 26.4b1	F0695		06/18/2026

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F0695 SS = E	Continued from page 19 and the [NJ Exec Order] to be changed [NJ Exec Order] and PRN (as needed)." On 5/6/2026 at 12:57 PM, during an interview with the surveyor in the presence of the LNHA and the survey team, the [U.S. FOIA (b)(6)] [U.S. FOIA] stated, Resident # 8 should have had an order for the [NJ Exec Order]. A review of the facility's "Oxygen Administration" policy, revision date October 2010, did not address dating, changing of oxygen tubing or how to store oxygen tubing when not in use. A review of the facility's "Medication Orders" policy, revision date November 2014, revealed the purpose is to establish uniform guidelines in receiving and recording of medication orders. Oxygen orders-when recording orders for oxygen, specify the rate of flow, route and rational. Example: Oxygen 3L/min per nasal cannula as needed for shortness of breath. NJAC 8:39-27.1(a)	F0695		06/18/2026
F0698 SS = E	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and review of the medical record and other facility documentation, it was determined that the facility failed to adjust a resident's medication administration schedule to accommodate [NJ Exec Order 26.4b1]. This deficient practice was identified for 1 of 2 residents (Resident #6) reviewed for [NJ Exec Order 26.4b1]. This deficient practice was evidenced by the following: On 5/3/2026 at 10:07 AM, the surveyor observed the resident awake in bed. A tray containing covered dishes was in front of him/her. The resident appeared [NJ Exec Order]. The resident stated that they went to [NJ Exec Order] (a) [NJ Exec Order 26.4b1].	F0698	Resident #6 medication times were reviewed by the Director of Nursing related to the [NJ Exec Order] treatment schedule. Medications were then scheduled around treatment days and time. The physician was notified related to the missed doses of [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1]. This practice had the potential to affect patients receiving dialysis services. An audit was completed by the Director of nursing or designee related to residents receiving dialysis services to validate medication administration times as well as any missed medications. Not other residents were affected. Education was initiated by Director of Nursing or designee for Licensed Nursing staff. Education includes dialysis treatment medication regimen/scheduling, including medication administration times, and physician notification of missed medications as well as the Hemodialysis communication binder. The Assistant Director of Nursing or designee will complete weekly audits for four weeks then bi-monthly for two months related to dialysis treatment medication regimen, medication administration, and physician notification and Hemodialysis communication binder.	06/18/2026

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(X4) ID PREFIX TAG F0698 SS = E	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG F0698	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 06/18/2026
	Continued from page 20 The surveyor reviewed the medical record for Resident #6. A review of the Admission Record (an admission summary) reflected that Resident #6 was admitted to the facility with diagnoses which included but were not limited to the following: NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 A review of the most current quarterly Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4b1, reflected the resident had a Brief Interview for Mental Status (BIMS) score of NJ Exec Order 26.4b1 out of 15, which indicated the resident had NJ Exec Order 26.4b1. The MDS also revealed that the resident was on NJ Exec Order 26.4b1. A review of the Order Summary Report (OSR) with active orders as of NJ Exec Order 26.4b1, included the following physician's orders (PO): A PO, dated NJ Exec Order 26.4b1, mg (milligram). Give NJ Exec Order 26.4b1 tablet by mouth every 8 hours for NJ Exec Order 26.4b1. A PO, dated NJ Exec Order 26.4b1, Give NJ Exec Order 26.4b1 by mouth NJ Exec Order 26.4b1 times a day for NJ Exec Order 26.4b1. A PO, dated NJ Exec Order 26.4b1, for NJ Exec Order 26.4b1 Schedule: NJ Exec Order 26.4b1 Site: NJ Exec Order 26.4b1 (name redacted) NJ Exec Order 26.4b1. A review of the corresponding Medication Administration Record (MAR) for the months of NJ Exec Order 26.4b1, revealed the resident did not receive the NJ Exec Order 26.4b1 mg tablet pending delivery from the pharmacy on the following dates and times: 9:00 AM NJ Exec Order 26.4b1 1:00 PM NJ Exec Order 26.4b1 5:00 PM NJ Exec Order 26.4b1 A review of the corresponding Medication Administration Record (MAR) for the months of NJ Exec Order 26.4b1, revealed the resident did not receive the NJ Exec Order 26.4b1 tablet because the resident was at NJ Exec Order 26.4b1 on the following dates and times:		Continued from page 20 Results of the audits will be presented by the Director of Nursing to the Administrator at the monthly Quality Assurance and Performance Improvement meeting for a period of three months. Any identified variance will be reviewed and the plan will be revised until compliance is achieved.	

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F0698 SS = E	Continued from page 21 9:00 AM - NJ Exec Order 26.4b1 1:00 PM NJ Exec Order 26.4b1 A review of the corresponding Medication Administration Record (MAR) for the months of NJ Exec O revealed the resident did not receive the NJ Exec Order 26.4b1 mg tablet because the resident was at NJ Exec Order 26.4b1 on the following dates and times: 2:00 PM - NJ Exec Order 26.4b1 A review of the progress notes (PN) revealed no documented communication to the physician about the doses missed NJ Exec Order 26.4b1. On 5/5/2026 at 11:50 AM, during an interview with the surveyor, Registered Nurse (RN #1) stated that the resident goes out to NJ Exec Order 26.4b1 and does not return until 3:30 pm. RN #1 stated that the numerical code # NJ Exec Order 26.4b1 in the electronic medical record (EMR) meant the resident was out of facility on NJ Exec Order 26.4b1 and did not take the medication. RN #1 also stated that the numerical code # NJ Exec Order 26.4b1 in the EMR means that the medication was not administered. RN #1 explained that when the residents missed their medications, the nurses have to reorder medications from the pharmacy, make the physician aware, and document these in the progress notes of the EMR. On 5/5/2026 at 12:25 PM, the surveyor asked the U.S. FOIA (b)(6) U.S. FOIA (b)(6) for the resident's NJ Exec Order 26.4b1. U.S. FOIA (b)(6) stated that the facility did not have great communication with the NJ Exec Order 26.4b1 U.S. FOIA (b)(6) stated that the NJ Exec Order 26.4b1 was supposed to put the NJ Exec Order 26.4b1 in the communication book. U.S. FOIA (b)(6) stated that the facility asked the NJ Exec Order 26.4b1 several times. On 5/6/2026 at 9:43 AM, the surveyor called the NJ Exec Order 26.4b1 main contact number and was unable to leave a message because the number was not in service. On 5/6/2026 at 10:36 AM, during an interview with the surveyor, the U.S. FOIA (b)(6) U.S. FOIA (b)(6) stated that the U.S. FOIA (b)(6) reviewed all their admission orders and subsequently monthly, or if they had a resident with a change of condition. The U.S. FOIA (b)(6) also stated that the U.S. FOIA (b)(6) had access to the	F0698	06/18/2026

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F0698 SS = E	Continued from page 22 EMR and MAR. The [U.S. FOIA] stated that medications should be administered within one hour, before and after the ordered time. The [U.S. FOIA] stated that residents who go out of the facility for [NJ Exec Order] should have two separate orders for their medications, one on [NJ Exec Order] days and another one for non-[NJ Exec Order] days. The [U.S. FOIA] stated that if residents missed medications, the nurses have to call the physician and see if the medication would be put on hold. On 5/6/2026 at 10:45 AM, during an interview with the surveyor, the [U.S. FOIA] stated that when the residents missed medications, the staff should talk to the physician. The [U.S. FOIA] stated that medication administration schedule should work around the [NJ Exec Order] schedule. A review of facility's "Administering Medications" policy, revised in April 2019, included: Under Policy Interpretation and Implementation the following: 7) Medications are administered within one hour of the prescribed time, unless otherwise specified (for example, before and after meal orders). NJAC 8:39-27.1(a)			F0698			06/18/2026
F0755 SS = E	Pharmacy Svcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services 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. §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. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.			F0755	On May 8, 2026, resident #15, the physician was notified by director of nursing or designee that the [NJ Exec Order] was not administered at the time designated, and no further orders or testing was requested. This practice had the potential to affect residents receiving sliding scale insulin regimen. The Director of Nursing or designee completed an audit of all residents receiving sliding scale insulin to validate timely administration, documentation and physician notification, and no other residents were affected. Education was initiated by the Assistant Director of Nursing or designee for licensed nurses regarding administering of sliding scale insulin, documentation and physician notification requirements The Assistant Director of Nursing or designee will complete weekly audits on five residents for four weeks then bi-monthly for two months related sliding scale insulin administration, documentation and physician notification. Results of the audits will be presented by the Director of Nursing or Designee to the Administrator at the monthly Quality Assurance and Performance		06/18/2026

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	Continued from page 23 §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 §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and review of facility documentation, it was determined that the facility failed to provide pharmaceutical services in accordance with professional standards and ensure a medication was administered per the physician's order (PO) within the required timeframe. This deficient practice was identified for 1 of 1 resident (Resident #15) reviewed for [REDACTED] and was evidenced by the following: On 5/5/2026 at 11:10 AM, the surveyor observed Resident #15 in the room in bed. The resident was [REDACTED] NJ Exec Order 26.4b1. The surveyor asked the resident if they received their medication daily and they responded "Yes". When the surveyor asked if the medications were administered timely, the resident told surveyor [REDACTED] NJ Exec Order 26.4b1. The surveyor then asked the resident if they had received [REDACTED] the morning of the interview and the resident stated [REDACTED] NJ Exec Order 26.4b1. A review of the Admission Record, an admission summary, revealed the resident had diagnoses which included, but were not limited to [REDACTED] NJ Exec Order 26.4b1. The resident's comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED] NJ Exec Order 26.4b1, revealed the resident had a Brief Interview of Mental Status (BIMS) score of [REDACTED] out of 15, which meant the resident was cognitively [REDACTED] Section I, active diagnoses showed the resident had a diagnosis of [REDACTED] NJ Exec Order 26.4b1. A review of the resident's individual comprehensive care plan (ICCP), dated [REDACTED] NJ Exec Order 26.4b1, included a focus area for [REDACTED] NJ Exec Order 26.4b1. Interventions included giving [REDACTED] NJ Exec Order 26.4b1 medication as ordered by the doctor.		Continued from page 23 Improvement meeting for a period of three months. Any identified variance will be reviewed, and the plan will be revised until compliance is achieved.	

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F0755 SS = E	Continued from page 24 A review of the physician's order (PO), dated [redacted] showed the following [redacted] orders: NJ Exec Order 26.4b1 [redacted] times a day for [redacted] NJ Exec Order 26.4b1 [redacted] On 5/6/2026 at 12:07 PM, the surveyor reviewed the medication audit report: For the months of [redacted]. The surveyor noted the following medication administration times for the resident's prescribed [redacted] [redacted] 8:30 AM [redacted] administered at 10:10 AM [redacted] 8:30 AM [redacted] administered at 10:20 AM [redacted] 8:30 AM [redacted] administered at 11:30 AM [redacted] 8:30 AM [redacted] administered at 10:47 AM [redacted] 8:30 AM [redacted] administered at 11:19 AM [redacted] 8:30 AM [redacted] administered at 11:04 AM [redacted] 8:30 AM [redacted] administered at 9:57 AM [redacted] 8:30 AM [redacted] administered at 11:19 AM [redacted] 8:30 AM [redacted] administered at 10:22 AM [redacted] 8:30 AM [redacted] administered at 12:20 PM [redacted] 8:30 AM [redacted] administered at 10:14 AM [redacted] 8:30 AM [redacted] administered at 10:29 AM [redacted] 8:30 AM [redacted] administered at 11:36 AM [redacted] 8:30 AM [redacted] administered at 11:43 AM [redacted] 8:30 AM [redacted] administered at 10:14 AM	F0755		06/18/2026

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F0755 SS = E	Continued from page 25 NJ Exec Order 8:30 AM NJ Exec Order administered at 10:52 AM NJ Exec Order 8:30 AM NJ Exec Order administered at 11:55 AM NJ Exec Order 8:30 AM NJ Exec Order administered at 9:41 AM NJ Exec Order 8:30 AM NJ Exec Order administered at 10:57 AM NJ Exec Order 8:30 AM NJ Exec Order administered at 10:55 AM NJ Exec Order 8:30 AM NJ Exec Order administered at 12:09 PM NJ Exec Order 8:30 AM NJ Exec Order administered at 11:34 AM NJ Exec Order 8:30 AM NJ Exec Order administered at 2:10 PM On 5/7/26 at 9:10 AM, the surveyor reviewed the policy titled, "Administering Medications", the policy was dated April 2019. Number four in the policy indicated that medications are administered in accordance with the prescriber orders, including any required time frame. Number seven indicated that medications are administered within one hour of their prescribed time, unless otherwise specified. On 5/7/26 at 10:15 AM, during an interview with the U.S. FOIA (b)(6) she acknowledged the late medication administration and told the surveyor that it was one specific nurse who was administering medications late. NJAC 8:39-29.2	F0755		06/18/2026
F0637 SS = D	Comprehensive Assessment After Significant Chg CFR(s): 483.20(b)(2)(ii) §483.20(b)(2)(ii) Within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a "significant change" means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.) This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review,	F0637	Resident #43 Minimum Data Set (MDS) was reviewed and revised to show the change of NJ Exec Order provided was reflected in the plan of care. The U.S. FOIA (b)(6) was educated regarding NJ Exec Order 26.4b1 related to NJ Exec Order providers and documentation requirements by the Assistant Director of Nursing by May 11, 2026. This had the potential to affect residents receiving hospice services and have changed their provider. No other hospice residents were affected; no other residents were affected. Education was initiated for he Minimum Data Set Coordinator (MDS), Business Office Manager, and Unit Managers to communicate with the Business Office Manager for a change in Vendor for hospice services. This process of change was initiated	06/04/2026

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NAME OF PROVIDER OR SUPPLIER CORAL HARBOR REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2050 SIXTH AVE , NEPTUNE CITY, New Jersey, 07753		
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F0637 SS = D	Continued from page 26 it was determined that the facility failed to ensure that a NJ Exec Order 26.4b1 assessment was completed for Resident #43. 1 of 30 residents reviewed for an evaluation of a NJ Exec Order 26.4b1 in the resident's condition. This deficient practice was evidenced by the following: A review of the Admission Record, an admission summary, revealed the resident had diagnoses which included, but were not limited to NJ Exec Order 26.4b1 A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate care, dated NJ Exec Order 26.4b1 indicated that Resident #43 had a Brief Interview of Mental Status (BIMS) score of out of 15, which indicated that the resident had NJ Exec Order 26.4b1 Section NJ Exec Order 26.4b1 indicated the resident was receiving NJ Exec Order 26.4b1 since admission. A review of Resident #43's Individual Comprehensive Care Plan (ICCP) initiated on NJ Exec Order 26.4b1 showed a focus area of NJ Exec Order 26.4b1 Interventions included but were not limited to receiving NJ Exec Order 26.4b1 A review of the admission NJ Exec Order 26.4b1 documentation showed the resident was admitted under [provider name redacted] NJ Exec Order 26.4b1 Provider #1 on NJ Exec Order 26.4b1 Further record review revealed that on NJ Exec Order 26.4b1 physician ordered NJ Exec Order 26.4b1 to evaluate and treat using [provider name redacted] NJ Exec Order 26.4b1 Services Provider #2. The surveyor then reviewed the facility notification to admit to [provider name redacted] NJ Exec Order 26.4b1 Services Provider #2 dated NJ Exec Order 26.4b1 The surveyor reviewed the MDS list within the resident's electronic medical record (EMR) and could not locate a significant change MDS when the NJ Exec Order 26.4b1 companies changed. On 5/7/2026 at 9:33 AM, the surveyor interviewed the U.S. FOIA (b)(6) regarding the need for a significant change MDS	F0637	Continued from page 26 concurrently with education and communicated to the departments involved by the administrator by May 11,2026. The Administrator or designee will complete weekly audits on three residents that are receiving hospice services for four weeks then monthly for two months related to hospice provide changes which would trigger the MDS significant change protocol. Results of the audits will be presented by the Administrator at the monthly Quality Assurance and Performance Improvement meeting to the Director of Nursing for a period of three months. Any identified variance will be reviewed, and the plan will be revised until compliance is achieved.	06/04/2026

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F0637 SS = D	Continued from page 27 when a resident changed [REDACTED] companies. The [REDACTED] stated, "Yes, a significant change is supposed to be done". NJAC 8:39-11.2 (i)	F0637		06/04/2026
F0656 SS = D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.	F0656	Resident #114 had their care plan reviewed and revised to reflect [REDACTED] NJ Exec Order 26.4b1. Resident #28 The physician was notified, and orders were updated to reflect the change from an [REDACTED] NJ Exec Order 26.4b1 to the [REDACTED] NJ Exec Order 26.4b1 upon delivery as well as the [REDACTED] NJ Exec Order 26.4b1 by the director of nursing or designee. The care plan was then reviewed and revised by the Director of Nursing or designee. Any resident that has an assistive device, requires adaptive equipment, or isolation/precaution that requires a patient-centered care plan has the potential to be affected. An audit was completed by Director of Nursing or designee, for current residents, and no other residents were affected. Education was initiated by the Assistant Director of Nursing or designee regarding care planning related to isolation precautions, enhanced barrier precautions, and adaptive equipment. The Director of Nursing or designee will complete weekly audits on ten residents for four weeks then bi-monthly for two months related to care plan validation for isolation precautions, enhanced barrier precautions, adaptive care planning and physician orders. Results of the audits will be presented by the Director of Nursing or designee to the Administrator at the monthly Quality Assurance and Performance Improvement meeting for a period of three months. Any identified variance will be reviewed, and the plan will be revised until compliance is achieved.	06/18/2026

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F0656 SS = D	Continued from page 28 §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, review of medical records and other pertinent facility documentation, it was determined that the facility failed to develop and implement an Individualized Comprehensive Care Plan (ICCP) for a.) a resident on NJ Exec Order 26.4b1 (Resident #114) and b.) a resident who utilized an NJ Exec Order 26.4b1 (Resident #28). This deficient practice was evidenced by the following: 1.) On 5/3/2026 at 10:52 AM, during tour, the surveyor observed NJ Exec Order 26.4b1 signage posted on Resident #114's door and a personal protective equipment (PPE) cart located outside the resident's room. The nurse assigned to the medication cart outside of the resident's room stated that Resident #114 was on NJ Exec Order 26.4b1. A review of the Admission Record (an admission summary) indicated that Resident #114 had diagnoses which included but were not limited to NJ Exec Order 26.4b1. NJ Exec Order 26.4b1). Resident #114 was admitted to the facility and did not yet have an Minimum Data Set (MDS) assessment completed, as it was not due at the time of review. On 5/04/2026 at 10:39 AM, the surveyor was unable to observe or interview Resident #114 because the resident was out to a medical appointment. The surveyor again observed the NJ Exec Order 26.4b1 posted on the resident's door and a PPE cart outside the resident's room that contained gloves, gowns, masks. The surveyor reviewed the resident #114's medical records which revealed the following information: A review of the Medication Administration Audit Report dated NJ Exec Order 26.4b1 reflected a physician's order (PO) for NJ Exec Order 26.4b1 every shift related to NJ Exec Order 26.4b1.	F0656		06/18/2026

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	Continued from page 29 A review of the Interdisciplinary Comprehensive Care Plan (ICCP) indicated that the resident had a diagnosis of [REDACTED] however, there was no documentation indicating the resident was on NJ Exec Order 26.4b1 [REDACTED] On 5/6/2026 at 9:27 AM, the surveyor interviewed the Licensed Practical Nurse (LPN #2) who stated that she was unsure whether the ICCP should include documentation regarding NJ Exec Order 26.4b1 or [REDACTED] LPN #2 stated the [REDACTED] U.S. FOIA (b)(6) and the [REDACTED] U.S. FOIA (b)(6) were responsible for updating the ICCP. On 5/6/2026 at 9:30 AM, the surveyor interviewed the [REDACTED] U.S. FOIA (b)(6) who stated that ICCPs were developed by the floor nurses, unit managers and [REDACTED] U.S. FOIA (b)(6). The [REDACTED] U.S. FOIA (b)(6) stated ICCPs should be individualized and include pertinent resident-specific information, including interventions necessary to provide appropriate care. The [REDACTED] U.S. FOIA (b)(6) further stated that if a resident was on NJ Exec Order 26.4b1 [REDACTED], the information should be included in the care plan, including specific type of [REDACTED] U.S. FOIA (b)(6) implemented. On 5/6/2026 at 9:45 AM, the surveyor interviewed the [REDACTED] U.S. FOIA (b)(6) who stated that any discipline could update and add interventions to the ICCP. She explained that it was important to have pertinent information to be included on the care plan to ensure staff were able to appropriately manage the resident care needs. She further stated that NJ Exec Order 26.4b1 [REDACTED] should be included in the resident's plan of care. The [REDACTED] U.S. FOIA (b)(6) reviewed Resident #114 care plan and confirmed that the resident was on NJ Exec Order 26.4b1. The [REDACTED] U.S. FOIA (b)(6) stated that NJ Exec Order 26.4b1 [REDACTED] should have been included in the resident's care plan. On 5/07/2026 at 10:32 AM, during exit conference and in the presence of the survey team, the [REDACTED] U.S. FOIA (b)(6) confirmed that Resident #114's care plan had not been developed and updated to include NJ Exec Order 26.4b1 [REDACTED]. Refer to citation F0658. 2.) On 5/3/2026 at 10:58 AM, the surveyor observed Resident #28 awake in bed wearing a [REDACTED] U.S. FOIA (b)(6).			

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F0656 SS = D	Continued from page 30 NJ Exec Order 26.4b1 and a NJ Exec Order 26.4b1. On 5/4/2026 at 10:02 AM, the surveyor made a follow-up visit with Resident #28 who was observed awake in their bed with the NJ Exec Order 26.4b1. Resident #28 stated that they were waiting for their NJ Exec Order 26.4b1 from the NJ Exec Order 26.4b1 and would soon be NJ Exec Order 26.4b1. On 5/5/2026 at 9:30 AM, the surveyor reviewed the resident's electronic medical record (EMR). A review of the Admission Record, an admission summary, included that the resident had NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. A review of the comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Exec Order 26.4b1 included the resident had a Brief Interview for Mental Status (BIMS) score of NJ E out of 15, which indicated the resident's cognition was NJ Exec Order 26.4b1. It further revealed that Resident #28 had a NJ Exec Order 26.4b1. A review of the resident's individual comprehensive care plan (ICCP) included a focus area, dated NJ Exec Order 26.4b1 that the resident had a NJ Exec Order 26.4b1. Interventions included: NJ Exec Order 26.4b1 when in bed, administer treatments as ordered, and monitor effectiveness. A review of the Physician Orders did not include an order for the NJ Exec Order 26.4b1. A review of the Physician Orders did not include an order for the NJ Exec Order 26.4b1. On 5/5/2026 at 12:14 PM, the surveyor conducted another follow-up visit with Resident #28 who again was observed in bed with the NJ Exec Order 26.4b1. The resident stated that the NJ Exec Order 26.4b1. The resident stated that their heel had NJ Exec Order 26.4b1. The resident added that they NJ Exec Order 26.4b1 although the nurses informed them that it did not have to be NJ Exec Order 26.4b1. The resident further stated that they needed to be NJ Exec Order 26.4b1 if they had NJ Exec Order 26.4b1 because it would NJ Exec Order 26.4b1 on due to their NJ Exec Order 26.4b1. On 5/5/2026 at 12:25 PM, the surveyor interviewed the Licensed Practical Nurse (LPN #3) who stated Resident #28 should have a physician's order for the NJ Exec Order 26.4b1 and the NJ Exec Order 26.4b1 that they	F0656		06/18/2026

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F0656 SS = D	Continued from page 31 were wearing. At that time, she pulled up Resident #28's medical record in the computer and stated that she did not see the physician's order and a place to sign that the nurse ensured that they were wearing [REDACTED] NJ Exec Order 26.4b1. She stated that there should be documentation that the [REDACTED] NJ Exec Order 26.4b1 was being checked daily. She further stated that any [REDACTED] NJ Exec Order 26.4b1 should be included on the ICCP. On 5/5/2026 at 12:35 PM, the surveyor interviewed the [REDACTED] U.S. FOIA (b)(6) who identified the [REDACTED] NJ Exec Order 26.4b1 as a [name redacted] NJ Exec Order 26.4b1. [REDACTED] that Resident #28 was given on a prior admission to the facility, and was readmitted to the facility with it. He stated that upon the resident's readmission, nursing should have obtained a physician's order for the [REDACTED] NJ Exec Order 26.4b1. He stated that nursing should have also updated the care plan to include the [REDACTED] NJ Exec Order 26.4b1. He stated that Resident #28 was recently issued an [REDACTED] NJ Exec Order 26.4b1 to [REDACTED] NJ Exec Order 26.4b1 while they waited for a [REDACTED] NJ Exec Order 26.4b1 to arrive. The [REDACTED] U.S. FOIA further stated that nursing should have also obtained a physician's order for the [REDACTED] NJ Exec Order 26.4b1 and also included it in the resident's care plan. On 5/6/2026 at 9:34 AM, the surveyor interviewed the [REDACTED] U.S. FOIA (b)(6) who stated, "always have to have an order that they can wear it," referring to the [REDACTED] NJ Exec Order 26.4b1. She noted that as soon as the resident wanted to wear the [REDACTED] NJ Exec Order 26.4b1 the nurse should have contacted the physician to obtain an order. She further stated that the [REDACTED] NJ Exec Order 26.4b1 would let the nursing department know when an [REDACTED] NJ Exec Order 26.4b1 was given to the resident, then they would reach out to the doctor. The [REDACTED] U.S. FOIA further stated, anytime something changes, they would refresh the staff on how to care for the resident. She also stated that the care plan was updated quarterly and as needed and should have been updated by the nurse. A review of the facility's "Assistive Devices and Equipment" policy, revision date February 2021, included: "Recommendations for the use of devices and equipment are based on the comprehensive assessment and documented in the resident care plan. ..." A review of the facility policy dated March 2022 and titled, "Care Plans, Comprehensive Person-Centered" included: measurable objectives and timetables to meet the resident's physical,	F0656		06/18/2026

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F0656 SS = D	Continued from page 32 psychosocial and functional needs is developed and implemented for each resident. The policy indicated that the care plan describes the services that are to be furnished to attain or maintain the residents' highest practicable physical, mental and psychosocial well-being. NJAC 8:39-27.1 (a)	F0656		06/18/2026
F0658 SS = D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. 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 a.) obtain an order for nursing care for a resident admitted with an NJ Exec Order 26.4b1 , b.) obtain a physician's order for an NJ Exec Order 26.4b1 and update the care plan accordingly. This deficient practice was identified for 2 of 2 residents (Resident #28 and #110) reviewed for NJ Exec Order 26.4b1 and was evidenced by the following: 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 registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling and provision of care supportive to or restorative of life and wellbeing, and executing medical regimes as prescribed by a licensed or otherwise legally authorized physician or dentist." 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	F0658	Resident #110 has been discharged from the facility. Resident #28 The physician was notified, and orders were updated to reflect the change from an NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1 upon delivery as well as the NJ Exec Order 26.4b1 by the Director of Nursing or designee. The care plan was then reviewed and revised by Director of nursing or designee. This practice had the potential to affect all residents. An audit was completed by the director of nursing or designee for all admission for a period of thirty days prior related to residents utilizing specialty equipment and/or receiving intravenous therapy. No additional findings. Education was initiated by the Assistant Director of Nursing and Designee with licensed nurses on physician orders for specialty equipment, intravenous therapy documentation including evaluation, treatment documentation and care plan. The Director of Nursing or designee will complete an audit of up to five admission and/or re-admission records weekly for four weeks then bi-monthly for two months related to physician orders for specialty equipment, intravenous therapy including skin evaluation documentation, treatment documentation, and comprehensive care plan. Results of the audits will be presented by the Director of Nursing to the Administrator at the monthly Quality Assurance and Performance Improvement meeting for a period of three months. Any identified variance will be reviewed, and the plan will be revised until compliance is achieved.	06/18/2026

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F0658 SS = D	Continued from page 33 supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." On 5/3/2026 at 11:56 AM, the surveyor reviewed the medical record for Resident #110. A review of the Admission Record, an admission summary, revealed the resident had diagnoses which included, but were not limited to: NJ Exec Order 26.4b1 [REDACTED] A review of the [REDACTED] Assessment included the resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of 15, which indicated the resident's cognition was [REDACTED] NJ Exec Order 26.4b1. A review of the resident's individual comprehensive care plan (ICCP) did not include [REDACTED] NJ Exec Order 26.4b1. A review of the Order Summary Report (OSR), did not include physician orders on how to care for an [REDACTED] NJ Exec Order 26.4b1. A review of the progress notes included a nurse's note (NN), dated [date of note redacted] at 2:38 PM, included. "Patient arrived to the unit via [REDACTED] NJ Exec Order 26.4b1 (referring to [REDACTED] NJ Exec Order 26.4b1). A review of Resident #110's preadmission packet, also included that the resident had a [REDACTED] NJ Exec Order 26.4b1. On 5/4/2026 at 10:24 AM, the surveyor interviewed Registered Nurse (RN) #1, who stated that when a resident was admitted to the facility, she would take report from the sending facility. She added, if the resident was admitted from a hospital, the hospital would usually [REDACTED] NJ Exec Order 26.4b1 She further stated that she would check the [REDACTED] NJ Exec Order 26.4b1 and the date because usually, the [REDACTED] NJ Exec Order 26.4b1 were only good for 72 hours and it would be documented in the progress notes. On 5/6/2026 at 10:21 AM, the surveyor interviewed the [REDACTED] U.S. FOIA (b)(6) [REDACTED] U.S. FOIA (b)(6) who stated that the admitting nurse would get it in report from the hospital that the resident was being sent with a	F0658		06/18/2026

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(X4) ID PREFIX TAG F0658 SS = D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG F0658	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 06/18/2026
	Continued from page 34 NJ Exec Order 26.4b1 She added that the report that was given from the sending facility was usually handwritten and uploaded in the electronic medical record (EMR). At that time, the surveyor requested to view the written report that was obtained from the sending facility. The U.S. FOIA (b)(6) pulled up Resident #110's EMR. In the EMR, there was handwritten NJ Exec Order 26.4b1. She added that most of the hospitals would NJ Exec Order 26.4b1 if they were no longer using it and sometimes the sending facility may give it in report, but removed it prior to them sending the resident. On 5/06/2026 at 12:53 PM, the surveyor interviewed the U.S. FOIA (b)(6) U.S. FOIA (b)(6) who stated that if a resident was admitted in the facility with NJ Exec Order 26.4b1, we would call the doctor and ask for orders to NJ Exec Order 26.4b1 it was not utilized. She added that if the NJ Exec Order 26.4b1 was not cared for and was NJ Exec Order 26.4b1, it could cause the resident to get an NJ Exec Order 26.4b1. She added that would be done upon admission to the facility, during the admission assessment. 2.) On 5/3/2026 at 10:58 AM, the surveyor observed Resident #28 awake in bed wearing a NJ Exec Order 26.4b1. On 5/4/2026 at 10:02 AM, the surveyor made a follow-up visit with Resident #28 who was observed awake in their bed with the NJ Exec Order 26.4b1. Resident #28 stated that they were waiting for their NJ Exec Order 26.4b1 from NJ Exec Order 26.4b1 and would soon be NJ Exec Order 26.4b1. On 5/5/2026 at 9:30 AM, the surveyor reviewed the resident's electronic medical record (EMR). A review of the Admission Record, an admission summary, included that the resident had NJ Exec Order 26.4b1. A review of the comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Exec Order 26.4b1 included the resident had a Brief Interview for Mental Status (BIMS) score of NJ Exec Order 26.4b1 out of 15, which indicated the resident's cognition was NJ Exec Order 26.4b1. It further revealed that Resident #28 had an NJ Exec Order 26.4b1. A review of the resident's individual comprehensive care plan (ICCP) included a focus area, dated NJ Exec Order 26.4b1 that the resident had a NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1. Interventions included: NJ Exec Order 26.4b1, administer			

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F0658 SS = D	Continued from page 35 treatments as ordered, and monitor effectiveness. A review of the Physician Orders did not include an order for the [REDACTED] NJ Exec Order 26.4b1 A review of the Physician Orders did not include the [REDACTED] NJ Exec Order 26.4b1 On 5/5/2026 at 12:14 PM, the surveyor conducted another follow-up visit with Resident #28 who again was observed in bed with the [REDACTED] NJ Exec Order 26.4b1 on their [REDACTED] NJ Exec Order 26.4b1. The resident stated that the [REDACTED] NJ Exec Order 26.4b1. They stated that their [REDACTED] NJ Exec Order 26.4b1. They added that they [REDACTED] NJ Exec Order 26.4b1 although the nurses informed them that it did not have to be [REDACTED] NJ Exec Order 26.4b1. They stated that they needed to be [REDACTED] NJ Exec Order 26.4b1 to the [REDACTED] NJ Exec Order 26.4b1 because it would [REDACTED] NJ Exec Order 26.4b1 on due to their [REDACTED] NJ Exec Order 26.4b1. On 5/5/2026 at 12:25 PM, the surveyor interviewed the Licensed Practical Nurse (LPN #3) who stated Resident #28 should have a physician's order for the [REDACTED] NJ Exec Order 26.4b1 and the [REDACTED] NJ Exec Order 26.4b1 that they were wearing. At that time, she pulled up Resident #28's medical record and stated that she did not see the physician's order and a place to sign that the nurse ensured that they were [REDACTED] NJ Exec Order 26.4b1. She further added that there should be documentation that the [REDACTED] NJ Exec Order 26.4b1 was being checked daily. She further added that any [REDACTED] NJ Exec Order 26.4b1 should be included on the ICCP. On 5/5/2026 at 12:35 PM, the surveyor interviewed the [REDACTED] U.S. FOIA (b)(6) [REDACTED] U.S. FOIA (b)(6), who identified the black [REDACTED] U.S. FOIA (b)(6) as a [name redacted] [REDACTED] U.S. FOIA (b)(6). [REDACTED] re) that Resident #28 was given on a prior admission to the facility, and was readmitted to the facility with it. He further stated that upon the resident's readmission, nursing should have obtained a physician's order for the [REDACTED] NJ Exec Order 26.4b1. He added that nursing should have also updated the care plan to include the [REDACTED] NJ Exec Order 26.4b1. He added that Resident #28 was recently issued an [REDACTED] NJ Exec Order 26.4b1 to [REDACTED] NJ Exec Order 26.4b1 while they waited for a [REDACTED] NJ Exec Order 26.4b1 to arrive. The [REDACTED] U.S. FOIA (b)(6) stated that nursing should have also obtained a physician's order for the [REDACTED] NJ Exec Order 26.4b1 and also included it in the resident's care plan. On 5/6/2026 at 9:34 AM, the surveyor interviewed the [REDACTED] U.S. FOIA (b)(6) [REDACTED] U.S. FOIA (b)(6) who stated there "always have to have an order that they can wear it," referring to the [REDACTED] NJ Exec Order 26.4b1 and the [REDACTED] NJ Exec Order 26.4b1.	F0658		06/18/2026

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F0658 SS = D	Continued from page 36 NJ Exec Order 26.4b1. She noted that as soon as the resident wanted to wear the NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 the nurse should have contacted the physician to obtain an order. She further stated that the NJ Exec Order 26.4b1 would let the nursing department know when an NJ Exec Order 26.4b1 was given to the resident, then they would reach out to the doctor. Subsequently, anytime something changes, they would refresh the staff on how to care for the resident. She also stated that the care plan was updated quarterly and as needed and should have been updated by the nurse. A review of the facility's "Assistive Devices and Equipment" policy, revision date February 2021, included: "Recommendations for the use of devices and equipment are based on the comprehensive assessment and documented in the resident care plan. ..." NJAC 8:39-27.1(a)	F0658		06/18/2026
F0761 SS = D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is NOT MET as evidenced by:	F0761	Medication cart #1, the items that did not have a label and were not dated were removed immediately, and items reordered through the pharmacy to replenish stock by assistant director of nursing or designee. This practice had the potential to affect all residents receiving medications. All medication carts and medication rooms were visually inspected immediately by the Director of Nursing or designee. No other variances were noted related to storage and labeling; no residents were affected. Education was initiated by the Director of Nursing or Designee for licensed nursing staff related to medication cart and medication room storage and labeling protocol including dating. The Assistant Director of Nursing or Designee will complete a visual inspection of four medication carts weekly for four weeks then bi-monthly for two months related to labeled and dated items. Results of the audits will be presented by the Director of Nursing or designee to the Administrator at the monthly Quality Assurance and Performance Improvement meeting for a period of three months. Any identified variance will be reviewed, and the plan will be revised until compliance is achieved.	06/18/2026

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F0761 SS = D	Continued from page 37 Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure all medications and biologicals were stored and labeled properly in medication carts. This deficient practice was identified for 1 of 2 medication carts reviewed under the Medication Storage and Labeling Task. The deficient practice was evidenced by the following: On 5/5/2026 at 1:12 PM, the surveyor in the presence of the Licensed Practical Nurse (LPN #1) checked medication cart #1 on the NJ Exec Order floor. During the inspection the surveyor observed the following: One tube of Hydrocortisone cream 2.5%, more than half used, with no label and were not dated. Sodium Chloride 5% eye ointment tubes, with no labels and were not dated. Cyclosporine 0.05%, 2 (two) eye droppers, with no resident names and were not dated. Three refresh eye drop tubes were on the bottom of the cart drawer, with no labels and were not dated. One 10-ounce bottle of Magnesium Citrate, opened with approximately one quarter of the bottle left, with no label and was no dated. When interviewed at that time, LPN #1 acknowledged the items were unlabeled and undated and stated that they should have labels. LPN #1 told the surveyor she would discard the items. The surveyor reviewed the consultant pharmacy medication cart audits for the first and second floors, dated 5/3/26. Both audits were marked as "No" for all drugs properly labeled. The surveyor reviewed the policy titled, "Medication Storage" dated August 2021. Number 9 of the policy			F0761			06/18/2026

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F0761 SS = D	Continued from page 38 indicated that all medications will be kept in their original containers and will be properly labeled and identified. NJAC 8:39-29.4 (a)	F0761				06/18/2026	
F0849 SS = D	Hospice Services CFR(s): 483.70(n)(1)-(4) §483.70(n) Hospice services. §483.70(n)(1) A long-term care (LTC) facility may do either of the following: (i) Arrange for the provision of hospice services through an agreement with one or more Medicare-certified hospices. (ii) Not arrange for the provision of hospice services at the facility through an agreement with a Medicare-certified hospice and assist the resident in transferring to a facility that will arrange for the provision of hospice services when a resident requests a transfer. §483.70(n)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (i) Ensure that the hospice services meet professional standards and principles that apply to individuals providing services in the facility, and to the timeliness of the services. (ii) Have a written agreement with the hospice that is signed by an authorized representative of the hospice and an authorized representative of the LTC facility before hospice care is furnished to any resident. The written agreement must set out at least the following: (A) The services the hospice will provide. (B) The hospice's responsibilities for determining the appropriate hospice plan of care as specified in §418.112 (d) of this chapter. (C) The services the LTC facility will continue to provide based on each resident's plan of care. (D) A communication process, including how the communication will be documented between the LTC	F0849	Resident #43 [REDACTED] provider met with the facility during an interdisciplinary communication meeting and provided a current care plan which was placed in the designated binder by the director of nursing or designee This practice had the potential to affect residents receiving hospice services. An audit by the director of nursing or designee of all residents receiving hospice services communication, hospice documentation, interdisciplinary communication, and care planning was completed, and no variances identified. No other residents were affected. Education was initiated by the Director of Nursing or Designee related to hospice communication, hospice documentation, interdisciplinary communication, and care planning for licensed staff. (e.g., the hospice binder at the nurses' station was reviewed as a means of communication). The Social Worker or Designee will complete weekly audits on up to two hospice residents for four weeks, then monthly for three months related to hospice communication, hospice documentation, interdisciplinary communication, and care planning. Findings will be reviewed weekly by the interdisciplinary team and monthly at the monthly Quality Assurance and Performance Improvement meeting. The results of the audits will be presented by the Social Worker or Designee to the Administrator at the monthly Quality Assurance and Performance Improvement meeting for a period of three months. Any identified variance will be reviewed, and the plan will be revised until compliance is achieved.			06/18/2026	

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F0849 SS = D	Continued from page 39 facility and the hospice provider, to ensure that the needs of the resident are addressed and met 24 hours per day. (E) A provision that the LTC facility immediately notifies the hospice about the following: (1) A significant change in the resident's physical, mental, social, or emotional status. (2) Clinical complications that suggest a need to alter the plan of care. (3) A need to transfer the resident from the facility for any condition. (4) The resident's death. (F) A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided. (G) An agreement that it is the LTC facility's responsibility to furnish 24-hour room and board care, meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs. (H) A delineation of the hospice's responsibilities, including but not limited to, providing medical direction and management of the patient; nursing; counseling (including spiritual, dietary, and bereavement); social work; providing medical supplies, durable medical equipment, and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions. (I) A provision that when the LTC facility personnel are responsible for the administration of prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care, the LTC facility personnel may administer the therapies where permitted by State law and as specified by the LTC facility. (J) A provision stating that the LTC facility must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by hospice			F0849			06/18/2026

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F0849 SS = D	Continued from page 40 personnel, to the hospice administrator immediately when the LTC facility becomes aware of the alleged violation. (K) A delineation of the responsibilities of the hospice and the LTC facility to provide bereavement services to LTC facility staff. §483.70(n)(3) Each LTC facility arranging for the provision of hospice care under a written agreement must designate a member of the facility's interdisciplinary team who is responsible for working with hospice representatives to coordinate care to the resident provided by the LTC facility staff and hospice staff. The interdisciplinary team member must have a clinical background, function within their State scope of practice act, and have the ability to assess the resident or have access to someone that has the skills and capabilities to assess the resident. The designated interdisciplinary team member is responsible for the following: (i) Collaborating with hospice representatives and coordinating LTC facility staff participation in the hospice care planning process for those residents receiving these services. (ii) Communicating with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the patient and family. (iii) Ensuring that the LTC facility communicates with the hospice medical director, the patient's attending physician, and other practitioners participating in the provision of care to the patient as needed to coordinate the hospice care with the medical care provided by other physicians. (iv) Obtaining the following information from the hospice: (A) The most recent hospice plan of care specific to each patient. (B) Hospice election form. (C) Physician certification and recertification of the terminal illness specific to each patient. (D) Names and contact information for hospice personnel involved in hospice care of each patient.			F0849			06/18/2026

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F0849 SS = D	Continued from page 41 (E) Instructions on how to access the hospice's 24-hour on-call system. (F) Hospice medication information specific to each patient. (G) Hospice physician and attending physician (if any) orders specific to each patient. (v) Ensuring that the LTC facility staff provides orientation in the policies and procedures of the facility, including patient rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to LTC residents. §483.70(n)(4) Each LTC facility providing hospice care under a written agreement must ensure that each resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the LTC facility to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, as required at §483.24. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, review of the medical record and other facility documentation, it was determined that the facility failed to maintain a [REDACTED] Communication Record which included a Certified Nursing Assistant (CNA) care plan for 1 of 1 resident (Resident #43) reviewed for [REDACTED] Services. This deficient practice was evidenced by the following: On 5/05/2026 at 10:27 AM, the surveyor observed Resident #43 in bed. The resident told the surveyor that they [REDACTED] due to being [REDACTED]. During the observation the resident appeared [REDACTED]. The resident stated a [REDACTED] came to the facility to provide care. On 5/6/2026 at 9:35 AM, the surveyor requested the [REDACTED] communication binder for Resident #43. The U.S. FOIA (b)(6) [REDACTED] provided the surveyor with the resident's paper chart. The surveyor located a [REDACTED] consent form signed by the resident and the physician orders for [REDACTED]. There was a communication sheet with a nursing recommendation dated [REDACTED]. The surveyor could not locate a care plan or any other documentation that pertained to [REDACTED] services.	F0849		06/18/2026

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F0849 SS = D	Continued from page 42 A review of the Admission Record, an admission summary, revealed the resident had diagnoses which included, but were not limited to [REDACTED] NJ Exec Order 26.4b1 [REDACTED] A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate care, dated [REDACTED] NJ Exec Order 26.4b1 indicated that Resident #43 had a Brief Interview for Mental Status (BIMS) score of [REDACTED] NJ Exec Order 26.4b1 out of 15, which meant the resident had [REDACTED] NJ Exec Order 26.4b1. Section [REDACTED] NJ Exec Order 26.4b1 indicated the resident was receiving [REDACTED] services. A review of Resident #43's Individual Comprehensive Care Plan (ICCP) initiated on [REDACTED] NJ Exec Order 26.4b1 showed a focus area of [REDACTED] NJ Exec Order 26.4b1 interventions included but were not limited to receiving [REDACTED] NJ Exec Order 26.4b1 services through [name redacted] [REDACTED] Services. On 5/6/26 at 9:45 AM, the surveyor asked the [REDACTED] U.S. FOIA (b) [REDACTED] how often the nurses and nursing assistants (CNAs) from the [REDACTED] NJ Exec Order 26.4b1 company came to see Resident #43. The [REDACTED] NJ Exec Order 26.4b1 stated the CNA usually came to the facility [REDACTED] NJ Exec Order 26.4b1 per week. The surveyor asked to see the [REDACTED] NJ Exec Order 26.4b1 CNA care plan, and she stated she was not sure the [REDACTED] NJ Exec Order 26.4b1 was care planned. The [REDACTED] U.S. FOIA (b) [REDACTED] told the surveyor that the [REDACTED] NJ Exec Order 26.4b1 [REDACTED] NJ Exec Order 26.4b1 was in to see the resident on [REDACTED] NJ Exec Order 26.4b1. The surveyor requested the documentation from the [REDACTED] NJ Exec Order 26.4b1 visit and the [REDACTED] U.S. FOIA (b) [REDACTED] could not locate the documentation. On 5/6/2026 at 9:57 AM, the surveyor went in to see Resident #43 who was awake and in bed. The resident, who was aware they were receiving [REDACTED] NJ Exec Order 26.4b1 services, was asked by the surveyor if a CNA from the [REDACTED] NJ Exec Order 26.4b1 [REDACTED] NJ Exec Order 26.4b1 came to the facility to assist the resident. The resident stated, "Supposedly [REDACTED] NJ Exec Order 26.4b1 a week, [REDACTED] NJ Exec Order 26.4b1". The surveyor asked if they were coming [REDACTED] NJ Exec Order 26.4b1 weekly and the resident told the surveyor it was [REDACTED] NJ Exec Order 26.4b1. Resident #43 told the surveyor that the [REDACTED] NJ Exec Order 26.4b1 nurse was at the facility and told the resident the [REDACTED] NJ Exec Order 26.4b1 was [REDACTED] NJ Exec Order 26.4b1 and they were [REDACTED] NJ Exec Order 26.4b1. On 5/7/26 at 10:15 AM, the facility provided the surveyor with a copy of the [REDACTED] NJ Exec Order 26.4b1 care plan. The	F0849		06/18/2026

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NAME OF PROVIDER OR SUPPLIER CORAL HARBOR REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2050 SIXTH AVE , NEPTUNE CITY, New Jersey, 07753	
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F0849 SS = D	Continued from page 43 care plan was received via fax on [REDACTED] from the [REDACTED] after surveyor inquiry. On 5/7/2026 at 10:20 AM, during an interview with the Licensed Nursing Home Administrator (LNHA) and the [REDACTED] U.S. FOIA (b)(6) the surveyor asked if a [REDACTED] care plan should be available on the nursing unit for the resident. The [REDACTED] responded, "Absolutely". On 5/7/26 at 12:10 PM, the surveyor reviewed the facility's, "Hospice Program" policy, dated July 2017, which included; Number 10 of the policy indicated that the facility was responsible for communicating with the hospice provided and documenting such communication to ensure the needs of the resident are addressed. NJAC 8:39-27.1(a)	F0849		06/18/2026
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:	F0880	Resident #63 immediately had a (PPE) Personal protective equipment bin placed closer to the room by director of nursing or designee. Registered nurse#1 received one to one education related to preparing for a treatment, infection prevention guidance, and use of (PPE) Personal protective equipment by director of nursing or designee. Resident #112 Physician was notified by director of nursing or designee related to initiating [REDACTED] sign was placed immediately with Personal protective equipment (PPE) supplies accessible to the room. The [REDACTED] NJ Exec Order 26.4b1 was removed from service. This practice had the potential to affect every resident. An audit was completed by director of nursing or designee related to Enhanced barrier precaution and residents on isolation; visual observations were conducted related to Personal protective equipment (PPE), no variances were identified. Surveillance logs were reviewed and no trends were identified. No other residents were affected. Education was initiated by the Infection Preventionist or designee for Enhanced Barrier Precautions (EBP), with return demonstration and	06/18/2026

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F0880 SS = D	Continued from page 44 (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, record review, and review of other pertinent facility documentation, it was determined that the facility failed to use appropriate infection control practices to prevent the spread or reduce the risk of infection: a.) by	F0880	Continued from page 44 competency validation related to hand hygiene, PPE donning and doffing, transmission-based precautions for all staff. Professional nurses education includes treatment protocol, storage and cleaning of multi-use equipment. The Infection Preventionist or designee will complete random five hand hygiene observations, two treatment cart audits, Personal protective equipment (PPE) observation audits and equipment weekly respiratory supply storage checks, weekly equipment cleaning observations, and transmissions-based precaution audits weekly for 4 weeks and then monthly for 3 months. Results of the audits will be presented by the Director of Nursing or designee to the Administrator at the monthly Quality Assurance and Performance Improvement meeting for a period of three months. Any identified variance will be reviewed, and the plan will be revised until compliance is achieved.			06/18/2026	

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F0880 SS = D	Continued from page 45 ensuring proper use of personal protective equipment (PPE) for a resident NJ Exec Order 26.4b1 [REDACTED] in nursing homes) b.) during the NJ Exec Order 26.4b1 [REDACTED] and c.) by failing to clean and disinfect a NJ Exec Order 26.4b1 f after use between residents and perform hand hygiene after resident contact during the medication pass observation. This deficient practice was identified for 1 of 2 residents (Resident #112) reviewed for NJ Exec Order 26.4b1 usage. 1 of 1 resident (Resident #63) reviewed for NJ Exec Order 26.4b1 and for 1 of 2 nurses on 1 of 2 nursing units NJ Exec Order 26.4b1 Floor) observed during the medication pass observation. This deficient practice was evidenced by the following: Reference: Hand hygiene should be performed immediately before touching a patient; before performing an aseptic task such as placing an indwelling device or handling invasive medical devices; before moving from work on a soiled body site to a clean body site on the same patient; after touching a patient or patient's surroundings; after contact with blood, body fluids, or contaminated surfaces; immediately after glove removal. CDC recommendations for Hand Hygiene: Updated February 27, 2024 :https://www.cdc.gov/clean-hands/hcp/clinical-s afety/index.html#cdc_clinical_safety_best_practices _recomm-recommendations 1.) On 5/3/2026 at 10:28 AM, during a tour of the nursing unit, the surveyor observed Resident #63's room. There was no signage for NJ Exec Order 26.4b1 [REDACTED] in nursing homes) in the doorway. There was no PPE (Personal Protective Equipment) immediately available near the room. The surveyor observed the resident awake in bed. The resident's NJ Exec Order 26.4b1 was set at NJ Exec Order 26.4b1 On 5/4/2026 at 11:15 AM, the surveyor observed the resident's room. There was no signage for NJ Exec and there was no PPE immediately available near the room. On 5/6/2026 at 9:52 AM, the surveyor observed Registered Nurse (RN #1) perform the administration			F0880			06/18/2026

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	Continued from page 46 of a NJ Exec Order 26.4b1 for the resident's NJ Exec Ord and was assisted by Certified Nursing Assistant (CNA #5). During the NJ Exec Order 26.4b1 observation, the surveyor observed the RN and CNA performed hand hygiene with sanitizer and donned (put on) disposable gown and gloves outside the resident's room. The RN NJ Exec Order 26.4b1 The RN stated that the facility does not use NJ Exec Order 26.4b1. The resident NJ Exec Order 26.4b1. The RN NJ Exec Order 26.4b1 from the resident's NJ Exec Order 26.4b1 and discarded them in the trash bin that was lined with a clear plastic bag. The surveyor observed the resident's NJ Exec Order 26.4b1 The RN stated that NJ Exec Order 26.4b1. The surveyor noted that the supplies needed for the treatment were not yet assembled by the bedside. The resident was NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 RN #1 doffed (removed) their gloves and gown and washed their hands for 20 seconds. The nurse left the room and took the treatment cart from the nurses' station and positioned it by the doorway of the resident's room. The nurse pulled several pairs of clean gloves from the box and put them in their right pocket of their scrub uniform. The nurse left the treatment cart and returned to the nurses' station to get a marker. When the nurse reached the treatment cart again, they took one opened and one unopened container of NJ Exec Order 26.4b1, an unopened bottle of NJ Exec Order 26.4b1 and placed them on top of the treatment cart. The RN donned a new pair of gloves without washing or sanitizing their hands. The RN reached the overbed table and cleaned it with bleach wipes. The RN placed a disposable liner on top of the table and placed the NJ Exec Order 26.4b1 on top. The RN removed the gloves from her pocket and placed them on top of the liner. The resident was NJ Exec Ord NJ Exec Ord by the RN to their NJ Exec Order 26.4b1 the CNA. Without doffing (removing) or changing their gloves and first performing hand hygiene, the nurse NJ Exec Order 26.4b1. The nurse NJ Exec Order 26.4b1 then discarded the NJ Exec Order 26.4b1 in the trash bin. Without doffing or changing their gloves and performing hand hygiene, the nurse pulled NJ Exec Order 26.4b1 from the half-full container and NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 of			

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F0880 SS = D	Continued from page 47 NJ Exec Order 26.4b1 The surveyor did not observe the nurse before she NJ Exec Order 26.4b1. The nurse picked up the NJ Exec Order 26.4b1 from the table and NJ Exec Order 26.4b1. The nurse NJ Exec Order 26.4b1. The nurse then doffed their gloves and washed their hands in the bathroom for 24 seconds. The nurse then pulled gloves from her pocket and donned them. The nurse wrote the date on the NJ Exec Order 26.4b1 on the resident's NJ Exec Order 26.4b1. The nurse threw all materials that were used in the trash bin. The nurse doffed their gloves and washed their hands for 21 seconds. The nurse tied the plastic trash bag. NJ Exec Order 26.4b1 the resident again to NJ Exec Order 26.4b1 the resident. The CNA assisted the resident to NJ Exec Order 26.4b1 in bed. The surveyor reviewed the medical record for Resident #63. A review of the Admission Record indicated that Resident #63 was admitted to the facility with diagnoses that included but were not limited to NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4b1, revealed that the resident had a NJ Exec Order 26.4b1 upon admission and that the resident received NJ Exec Order 26.4b1. A review of the Order Summary Report (OSR) active as of NJ Exec Order 26.4b1 indicated the following physician orders: NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 every shift A review of the individual comprehensive care plan revised on NJ Exec Order 26.4b1 reflected a focus area for NJ Exec Order 26.4b1. The following interventions were included: Monitor and document changes in NJ Exec Order 26.4b1 such	F0880		06/18/2026

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F0880 SS = D	Continued from page 48 as: NJ Exec Order 26.4b1 changes in NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 to physician or designee as clinically indicated initiated on NJ Exec Order 26.4b1 Monitor and document NJ Exec Order 26.4b1 (where possible). Assess and document NJ Exec Order 26.4b1 Report changes in NJ Exec Order 26.4b1 to physician or designee as clinically indicated initiated on NJ Exec Order 26.4b1 On 5/6/2026 at 10:20 AM, during an interview with the surveyor, the RN stated that the NJ Exec Order 26.4b1 they used to NJ Exec Order 26.4b1 g and that the NJ Exec Order 26.4b1 did not need a NJ Exec Order 26.4b1. The surveyor asked the nurse if they should have used sterile gloves to NJ Exec Order 26.4b1. The RN stated no. The surveyor asked the nurse if they should have changed their gloves and performed hand hygiene between NJ Exec Order 26.4b1 th NJ Exec Order 26.4b1 and the RN stated that they did that. The surveyor stated that they did not observe that. On 5/6/2026 at 10:36 AM, during an interview with the surveyor, the U.S. FOIA (b)(6) NJ Exec Order 26.4b1 stated that NJ Exec Order 26.4b1 qualified for NJ Exec Order 26.4b1 use during direct care activities. The U.S. FOIA (b)(6) also stated that the facility used NJ Exec Order 26.4b1 and gloves if ordered by the physician. On 5/7/2026 at 8:19 AM, during an interview with the surveyor, the U.S. FOIA (b)(6) NJ Exec Order 26.4b1 stated that their process for doing a NJ Exec Order 26.4b1 treatment to a NJ Exec Order 26.4b1 would be the following: "I would prep my service area, I use the bedside table, put clean barrier, gather all my supplies, wash hands, explain to the resident, remove the NJ Exec Order 26.4b1 I would change gloves and wash my hands. I would put on clean gloves, NJ Exec Order 26.4b1 I would wash my hands again, put on clean gloves. I would NJ Exec Order 26.4b1 with new gloves. I would pull gloves from the glove box, unless the doctor orders NJ Exec Order 26.4b1. That is our best practice." A review of the facility policy reviewed in April 2024, titled "Wound Treatment" included the following under Steps in the Procedure: 1) Disinfect overbed table; 2) Perform hand hygiene; 3) Use disposable cloth to establish clean field on resident's overbed table; 4) Prepare supplies on the clean field on resident's overbed table; 5) Mark dressing label or	F0880		06/18/2026

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F0880 SS = D	Continued from page 49 tape with date, time, and initials; 6) Prepare a plastic bag or wastebasket for discarded materials; 7) Position resident to provide access to affected area. Place disposable cloth next to resident (under the wound) to serve as a barrier to protect the bed linen and other body sites, as needed; 8) Perform hand hygiene and put on clean gloves; 9) Remove soiled dressing and discard into designated container; 10) Remove gloves and perform hand hygiene; 11) Put on clean gloves; 12) Evaluate the appearance of the wound and surrounding skin; 13) Cleanse the wound with ordered cleanser. If using gauze, use clean gauze for each cleansing stroke. Clean from the least contaminated area to the most contaminated area (usually, from the center outward); 14) Apply treatment as ordered. Use sterile tongue blades/ applicators to remove ointments and creams from their containers; 15) Apply dressing as ordered; 16) Apply prepared label with date, time, and initials to dressing; 17) Reposition the resident if necessary; 18) Discard disposable items into appropriate receptacle. Remove gloves and discard; 19) Perform hand hygiene; and 20) Disinfect reusable supplies as indicated...Return reusable supplies to treatment cart. 2.) A review of the Admission Record (admission summary) indicated that Resident #112 was admitted to the facility with the diagnoses that included but was not limited to NJ Exec Order 26.4b1. An admission Minimum Data Set (MDS), an assessment that facilitates a resident's care, was not due at this time and was not able to be reviewed. A review of Resident #112's Individual Comprehensive Care Plan (ICCP), dated NJ Exec Order 26.4b1, indicated that the resident had a NJ Exec Order 26.4b1 and had the potential for NJ Exec Order 26.4b1 and also had a NJ Exec Order 26.4b1. On 5/3/2026 at 10:11 AM, the surveyor observed Resident #112 lying in bed. The resident was interviewed at this time and stated that they were on NJ Exec Order 26.4b1. The surveyor did not observe signage posted on the resident's door that indicated that the resident was on NJ Exec Order 26.4b1 nor did the surveyor observe any personal protective equipment (PPE) such as gloves, gowns or masks readily available for use for providing resident care. A review of the residents' electronic medical records (EMR) revealed the following information: A review of the physician's order (PO), dated NJ Exec Order 26.4b1, indicated that NJ Exec Order 26.4b1.			F0880			06/18/2026

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	Continued from page 50 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 was to be provided NJ Exec Order 26.4b1 in the evening for NJ Exec Order 26.4b1 A review of the PO, dated NJ Exec Order 26.4b1, indicated that NJ Exec Order 26.4b1 % was to be NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1 one time a day for NJ Exec Order 26.4b1. The surveyor did not observe a PO or a ICCP documented in the residents' EMR for NJ Exec Order 26.4b1 On 5/4/2026 at 10:05 AM, the surveyor observed the resident lying in bed and the resident stated that they were NJ Exec Order 26.4b1. The resident had NJ Exec Order 26.4b1 at that time. The surveyor had a second observation and there was no signage posted on the resident's door that indicated the resident was on NJ Exec Order 26.4b1. There was also no PPE readily available for use outside of the resident's room. On 5/4/2026 at 10:11 AM, the surveyor interviewed the Certified Nursing Assistant (CNA #1) who stated that Resident #112 was NJ Exec Order 26.4b1. She stated that the resident NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 and dressing and was NJ Exec Order 26.4b1. She explained that the resident was on NJ Exec Order 26.4b1 for an NJ Exec Order 26.4b1 and had a NJ Exec Order 26.4b1 on their NJ Exec Order 26.4b1. CNA #1 revealed that while providing direct resident care to Resident #112, she wore gloves for standard precautions but did not wear a gown or mask while caring for the resident. She further explained that if Resident #112 was on NJ Exec Order 26.4b1 a sign would be posted on the resident's door, and a PPE cart would be outside the resident's room that contained gowns and gloves. She stated that signage was how she was informed residents were on NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 CNA #1 confirmed that this did not occur for Resident #112. On 5/4/2026 at 10:17 AM, the surveyor interviewed the resident primary care Licensed Practical Nurse (LPN #2) who stated that Resident #112 was a NJ Exec Order 26.4b1 to the facility, was NJ Exec Order 26.4b1 and was on NJ Exec Order 26.4b1. She stated that Resident #112 had a NJ Exec Order 26.4b1 and had a NJ Exec Order 26.4b1. She further explained that when a resident was on NJ Exec Order 26.4b1 staff had to wear gloves and gowns when providing direct resident care. She stated that she was not aware that the resident was not on NJ Exec Order 26.4b1 and that she would notify the NJ Exec Order 26.4b1. On 5/4/2026 at 10:26 AM, the surveyor interviewed the U.S. FOIA (b)(6)			

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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
F0880 SS = D	Continued from page 51 who stated that [REDACTED] was required for any residents with [REDACTED] NJ Exec Order 26.4b1 [REDACTED] s, and [REDACTED] She stated that an [REDACTED] sign would be posted on the resident's door to inform family, staff, and visitors what type of precautions and PPE was required before entering the resident's room. She stated that according to the facility policy a physician's order was required for [REDACTED] The [REDACTED] further stated that a care plan was also required when a resident was on [REDACTED] The [REDACTED] accompanied the surveyor to the resident's room and confirmed that Resident #112 did not have signage posted on the door to inform staff, visitors or family that the resident was on [REDACTED] and PPE was not readily available in a cart outside of the resident's room for staff and visitors to utilize if caring for the resident. On 5/4/2026 at 11:05 AM, the surveyor requested a copy of the resident's ICCP to review. [REDACTED] was documented on the ICCP after surveyor inquiry. On 5/6/2026 at 9:30 AM, the surveyor interviewed the [REDACTED] U.S. FOIA (b)(6) [REDACTED] who stated that ICCPs were developed by the floor nurses, unit managers and [REDACTED] The [REDACTED] stated ICCPs should be individualized and include pertinent resident-specific information, including interventions necessary to provide appropriate care. The [REDACTED] further stated that if a resident was on transmission-based precautions, the information should be included in the care plan, including specific type of precautions implemented. The [REDACTED] stated that EBP should be specified on the resident's care plan and signage should be posted on the resident's door. This signage would indicate to family, staff and visitors what type of precautions and what type of PPE should be worn when caring for the resident. On 5/7/2026 at 10:24 AM, the [REDACTED] U.S. FOIA (b)(6) [REDACTED] confirmed that Resident #112 did not have an order for EPB or an ICCP. She also confirmed that the ICCP needed to be updated to include EBP. She also confirmed that signage should be posted on the resident's door and a PPE cart should be outside the resident's room. A review of the facilities "Enhanced Barrier Precautions" policy, dated April 2025, indicated that EBP was utilized to prevent the spread of multi-drug-resistant organisms (MDROs) to residents. -A resident is infected or colonized with a CDC (Centers for Disease Control)-targeted MDRO but	F0880		06/18/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315105		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER CORAL HARBOR REHABILITATION AND HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2050 SIXTH AVE , NEPTUNE CITY, New Jersey, 07753			
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F0880 SS = D	Continued from page 52 does not have a wound or indwelling medical device or does not have secretions or excretions that are unable to be covered or contained. - A resident is not known to be infected or colonized with any MDRO, has a wound or indwelling medical device and does not have secretions or excretions that are unable to be covered or contained. -Indwelling devices include central lines, urinary catheters, feeding tubes, tracheostomies (a surgically created hole through the neck and wind pipe to keep it open for breathing), peripheral IV catheters are not considered an indwelling medical device for purpose of EBP. -EBPs employ targeted gown and glove use in addition to standard precautions during high contact resident care activities. 3.) On 5/4/2026 at 8:20 AM, the surveyor met with Licensed Practical Nurse (LPN #7) who was assigned to the [REDACTED] Medication Cart on the [REDACTED] Floor Nursing Unit to observe the medication pass. At 8:22 AM, the surveyor observed LPN #7 who used an [REDACTED] NJ Exec Order 26.4b1 to obtain Resident #11's [REDACTED] NJ Exec Order 26.4b1 on the resident's [REDACTED] NJ Exec Order 26.4b1. At 8:25 AM, LPN #7 returned to the medication cart and placed the [REDACTED] NJ Exec Order 26.4b1 on top of the medication cart immediately after use without cleaning it first. LPN #7 then proceeded to access the computer to view the resident's medications in the electronic medical record (EMR) and removed the resident's scheduled medications from the medication cart for preparation without first performing hand hygiene. At 8:56 AM, LPN #7 used the [REDACTED] NJ Exec Order 26.4b1 to obtain Resident #27's [REDACTED] NJ Exec Order 26.4b1 without cleaning and disinfecting it prior to use. When finished, LPN #7 placed the [REDACTED] NJ Exec Order 26.4b1 on top of the medication cart. At 9:17 AM, the surveyor interviewed LPN #7 who stated that the [REDACTED] NJ Exec Order 26.4b1 should be wiped down between rooms with bleach wipes. LPN #7 further acknowledged that she had forgotten to clean the [REDACTED] NJ Exec Order 26.4b1 between residents in order to prevent the spread of germs and contamination from patient	F0880				06/18/2026	

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

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F0880 SS = D	Continued from page 53 to patient. At that time, LPN #7 stated that she had not realized that she had not performed hand hygiene after she had taken Resident #11's ^{NJ Exec Order 26.4b1} and prepared their medications for ^{NJ Exec Order 26.4b1} purposes. On 5/4/2026 at 11:37 AM, the surveyor interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM #1) who stated that reusable equipment such as an ^{NJ Exec Order 26.4b1} should be wiped down and cleaned with a bleach wipe between residents because it should be cleaned after each use. LPN/UM #1 further stated that if it were not cleaned between residents it was an infection control issue, and you may pass on an infection to the other resident. On 5/4/2026 at 12:03 PM, the surveyor interviewed the ^{U.S. FOIA (b)(6)} who stated that staff should not use a ^{NJ Exec Order 26.4b1} device because they need to be cleaned and disinfected between residents and is difficult to do with this type of ^{NJ Exec Order 26.4b1} due to the ^{NJ Exec Order 26.4b1} material. The ^{NJ Exec Order 26.4b1} stated that staff should instead use the ^{NJ Exec Order 26.4b1} which could be disinfected. The ^{NJ Exec Order 26.4b1} further stated that the only time the facility used a dedicated ^{NJ Exec Order 26.4b1} was for residents on ^{NJ Exec Order 26.4b1}. The ^{NJ Exec Order 26.4b1} stated that if the ^{NJ Exec Order 26.4b1} were not cleaned and was used on another resident there would be a concern for the spread of infection from room to room. The ^{U.S. FOIA (b)(6)} further stated that the nurse should have performed hand hygiene after she obtained a resident's ^{NJ Exec Order 26.4b1} and prior to pulling the residents medications for administration for ^{NJ Exec Order 26.4b1} purposes. The ^{U.S. FOIA (b)(6)} also stated that if the ^{NJ Exec Order 26.4b1} were placed on top of the medication cart without a barrier, then the top of the cart should have been disinfected too for infection control purposes. On 5/4/2026 at 12:33 PM, the surveyor interviewed the ^{U.S. FOIA (b)(6)} who stated that the nurse should clean the blood pressure cuff both before and after use with bleach wipes for infection control because if somebody had something, you do not want to spread germs. The ^{U.S. FOIA (b)(6)} stated that you have to wash the ^{NJ Exec Order 26.4b1} down and wash your hands or at least use the hand sanitizer before you touched anything else. A review of the facility's "Cleaning and Disinfection of Resident-Care Items and Equipment" policy,	F0880		06/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315105		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
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F0880 SS = D	Continued from page 54 (adopted 2021), included: Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to CDC (Centers for Disease Control) recommendations for disinfection and the OSHA (Occupational Safety and Health Administration) bloodborne pathogens standard. ...Non-Critical items are those that come in contact with intact skin but not mucous membranes. Non-critical resident-care items include bedpans, blood pressure cuffs,...Most non-critical reusable items can be decontaminated where they are used... A review of the facility's "Handwashing/Hand Hygiene" policy, (Revision Date 2023), included: The facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections. ...Indications for Hand Hygiene: ...after touching a resident; after touching the resident's environment; NJAC 8:39-19.4(a); 27.1(a)			F0880			06/18/2026

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061317		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER CORAL HARBOR REHABILITATION AND HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2050 SIXTH AVE , NEPTUNE CITY, New Jersey, 07753			
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S0000	Initial Comments 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			06/04/2026
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: Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum direct care staff-to-resident ratios, as mandated by the state of New Jersey, for day and evening shifts. The deficient practice was evidenced by the following: Complaint Intake ID #: 2650815; 2790808 Reference: New Jersey Department of Health (NJDOH) memorandum dated 1/28/21, titled "Compliance with New Jersey Statutes Annotated 30:13-18, New Minimum Staffing Requirements for Nursing Homes". Effective 2/1/21, the minimum staffing requirement for the day shift was one (1) Certified Nurse Aide (CNA) to every eight (8) residents, the minimum requirement for evening shift is 1(one) direct care staff CNA per every 10 residents. A review of the "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the standard survey with complaints.			S0560	The facility staffing schedules, staffing ratios, call outs, and daily staffing assignments were immediately reviewed by administrator on May 7, 2026, related to minimum staffing requirements. Staffing schedules were adjusted as deemed appropriate. A facility-wide review of staffing practices was completed by administrator by May 11, 2026, to ensure staffing levels were adjusted appropriately based on resident census, acuity, admissions, and resident care needs. No additional concerns were found. This practice had the potential to affect every resident. An audit was conducted by the administrator and completed with five residents to ensure all their needs are met. No adverse effects were found. Human Resources Department, and all Nursing Management were educated regarding New Jersey staffing requirements and staffing documentation by administrator and completed by May 11, 2026 regarding New Jersey staffing requirements, call out procedures, staffing replacement expectations and staff covering requirements. Daily staffing sheets and staffing postings will also be reviewed for ongoing compliance with New Jersey staffing requirements. The Administrator or Designee will conduct weekly audits for four weeks and then monthly for three months related to staffing schedules, staffing		06/18/2026

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061317		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER CORAL HARBOR REHABILITATION AND HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2050 SIXTH AVE , NEPTUNE CITY, New Jersey, 07753			
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S0560	Continued from page 1 For the week of Complaint staffing from 10/19/2025 to 10/25/2025, the facility was deficient in CNA staffing for residents on 5 of 7-day shifts as follows: -10/19/25 had 9 CNAs for 96 residents on the day shift, required at least 12 CNAs. -10/20/25 had 9 CNAs for 93 residents on the day shift, required at least 12 CNAs. -10/21/25 had 8 CNAs for 92 residents on the day shift, required at least 11 CNAs. -10/22/25 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs. -10/23/25 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs. For the week of Complaint staffing from 2/15/2026 to 2/21/2026, the facility was deficient in CNA staffing for residents on 3 of 7-day shifts as follows: -2/15/26 had 10 CNAs for 96 residents on the day shift, required at least 12 CNAs. -2/16/26 had 10 CNAs for 93 residents on the day shift, required at least 12 CNAs. -2/20/26 had 9 CNAs for 92 residents on the day shift, required at least 11 CNAs. For the week of Complaint staffing from 4/05/2026 to 4/11/2026, the facility was deficient in CNA staffing for residents on 5 of 7-day shifts as follows: -4/05/26 had 11 CNAs for 94 residents on the day shift, required at least 12 CNAs. -4/06/26 had 10 CNAs for 94 residents on the day shift, required at least 12 CNAs. -4/07/26 had 11 CNAs for 94 residents on the day shift, required at least 12 CNAs. -4/08/26 had 11 CNAs for 94 residents on the day shift, required at least 12 CNAs.			S0560	Continued from page 1 assignments, and staffing coverage. Administrator or designee will conduct five resident interviews weekly for four weeks, then monthly for three months to ensure all residents' needs are met. Results of the audits will be presented by the Administrator or Designee to the Director of Nursing at the monthly Quality Assurance and Performance Improvement meeting for a period of three months. Any identified variance will be reviewed, and the plan will be revised until compliance is achieved.		06/18/2026

New Jersey Department of Health

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S0560	Continued from page 2 -4/10/26 had 9 CNAs for 95 residents on the day shift, required at least 12 CNAs. For the 2 weeks of staffing prior to survey from 4/19/2026 to 5/02/2026, the facility was deficient in CNA staffing for residents on 8 of 14-day shifts, deficient in total staff for residents on 1 of 14 evening shifts, and deficient in CNAs to total staff on 2 of 14 evening shifts as follows: -4/19/26 had 11 CNAs for 96 residents on the day shift, required at least 12 CNAs. -4/20/26 had 10 CNAs for 93 residents on the day shift, required at least 12 CNAs. -4/22/26 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs. -4/25/26 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs. -4/26/26 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs. -4/28/26 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs. -4/30/26 had 5 CNAs for 99 residents on the day shift, required at least 12 CNAs. -4/30/26 had 7 total staff for 99 residents on the evening shift, required at least 10 total staff. -5/01/26 had 3 CNAs for 99 residents on the day shift, required at least 12 CNAs. -5/01/26 had 4 CNAs to 13 total staff on the evening shift, required at least 6 CNAs. -5/02/26 had 9 CNAs to 20 total staff on the evening shift, required at least 10 CNAs. On 5/6/2026 at 9:57 AM, the surveyor interviewed the Staffing Coordinator/Human resources (SC/HR) who explained that the adequate staffing ratios were based on census, consisted of 12 to 14 CNAs on the day shift, 10 to 12 CNAs on the evening shift, and 6 to 7 CNAs on the night shift. The SC/HR explained that the facility used several measures to attempt to address staffing needs.			S0560			06/18/2026

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S0560	Continued from page 3 The facility's undated policy, "Staffing-New Jersey" indicated that the facility provided sufficient numbers of staff with skills and competency necessary to provide care and services for all residents in accordance with resident care plans and facility assessment.	S0560			06/18/2026
S1680	Mandatory Nurse Staffing CFR(s): 8:39-25.2(b)(1)&(2) (b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a)) on the basis of: 1. Total number of residents multiplied by 2.5 hours/day; plus 2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day: Wound care 0.75 hour/day Nasogastric tube feedings and/or gastrostomy 1.00 hour/day Oxygen therapy 0.75 hour/day Tracheostomy 1.25 hours/day Intravenous therapy 1.50 hours/day Use of respirator 1.25 hours/day Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day This LICENSURE REQUIREMENT is NOT MET as evidenced by:	S1680	The facility nursing schedules; assignment, nursing staff coverage, and staffing ratios identified during survey were immediately reviewed by the Administrator on May 8, 2026, no adverse effects noted. Nursing schedules and coverage were reviewed and adjusted as appropriate. A review of staffing coverage was completed by May 22,2026 by Administrator to ensure appropriate nursing coverage was provided based on resident census, acuity, admissions, and required nursing services. This practice had the potential to affect all residents. An audit was conducted by the administrator and completed by May 22,2026 with five residents to ensure all their needs are met. No adverse effects were found. Nursing Management and Human Resources manager were educated regarding New Jersey nurse staffing regulations and staffing monitoring expectations by the Administrator and was completed by May 11,2026. Administrator or designee will complete audits weekly for four weeks and then monthly for three months related to nursing staffing coverage, acuity review, and staffing assignments. Administrator or designee will conduct five resident interviews weekly for four weeks, then monthly for three months to ensure all residents' needs are met. Results of the audits will be presented by the Administrator or Designee to the Director of Nursing at the monthly Quality Assurance and Performance Improvement meeting for a period of three months. Any identified variance will be reviewed, and the plan will be revised until compliance is achieved.		06/18/2026

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S1680	Continued from page 4 Based on review of the Nursing Staffing Reports for the two weeks prior to survey from 4/19/2026 to 5/2/2026, it was determined that the facility failed to provide at least minimum staffing levels for 1of 14 days. This deficient practice was evidenced by the following: For the 2 weeks of AAS-12 staffing from 4/19/2026 to 5/2/2026, the facility was deficient in required resident services on 1 of 14 days as follows: For the week of 04/26/26 Required Staffing Hours: 269.75 -04/30/26 had 208 actual staffing hours, for a difference of -61.75 hours. The facility policy undated facility policy titled, "Staffing-New Jersey" indicated that the facility provided sufficient numbers of staff with skills and competency necessary to provide care and services for all residents in accordance with resident care plans and facility assessment.			S1680			06/18/2026

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F0000	INITIAL COMMENTS An on-stie revisit was conducted on 6/18/26 to verify the facility's Plan of Correction for the 5/7/2026 Recertification survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.			F0000			06/30/2026

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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New Jersey Department of Health

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S0000	Initial Comments An onsite revisit of the facility's Plan of Correction was conducted on 6/18/26 in relation to the 5/7/2026 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			06/30/2026

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: 315105		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER CORAL HARBOR REHABILITATION AND HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2050 SIXTH AVE , NEPTUNE CITY, New Jersey, 07753			
(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
K0000 Bldg. 01	INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 5/6/26 and 5/7/26, and 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 Occupancy. Coral Harbor Rehabilitation and Healthcare Center is a two- story building that was built in 1960's. It is composed of Type II (000) unprotected construction. The facility is divided into 7- smoke zones. The exterior 350 KW diesel generator powers 100% of the building. The census was 100 of 110 licensed beds. The 2nd floor has a Dialysis suite. The facility has piped in medical gas to resident rooms: 101-115, 117 and 119.			K0000			05/27/2026
K0223 SS = F Bldg. 01	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and			K0223	The kitchen self-closing door identified during survey was reviewed immediately by Maintenance director and completed by May 8,2026 related to the door closure, latching and self-closing mechanism. Maintenance adjusted the kitchen self-closing door to ensure compliance with door closure requirements, latching and self-closing mechanism by May 8,2026. The self-closing door was tested by the maintenance director and was determined to function properly after adjustments were made. An audit of all self-closing doors was completed by the maintenance director or designee by May 22, 2026, to ensure door closure, latching and self-closing to ensure door properly closed and latched properly to maintain smoke barrier protection in accordance with life safety requirements. No additional concerns were found. This practice had the potential to affect all residents		06/04/2026

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: 315105	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER CORAL HARBOR REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2050 SIXTH AVE , NEPTUNE CITY, New Jersey, 07753	
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K0223 SS = F Bldg. 01	Continued from page 1 * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This STANDARD is NOT MET as evidenced by: Based on observation and interview on 5/7/26 in the presence of the U.S. FOIA (b)(6) and the U.S. FOIA (b)(6), it was determined that the facility failed to ensure that a door with a self-closing device was maintained and kept in the closed position in accordance with NFPA 101:2012 Edition, Sections 7.2.1.8 and 19.2.2.2.7. This deficient practice had the potential to affect all residents and was evidenced by the following: An observation at 12:38 PM, revealed that 1 of 2 kitchen self-closing doors was not closing properly into its frame. The door to the dining room remained open approximately 3" due to the negative pressure generated from the kitchen hood exhaust system. In an interview, the U.S. FOIA (b)(6) and the U.S. FOIA (b)(6) both confirmed the finding during the observation. The facility's U.S. FOIA (b)(6) was notified of the deficient practice at Life Safety Code survey exit conference on 5/7/26 at 12:45 PM. NJAC 8:39-31.2(e)	K0223	Continued from page 1 Maintenance staff were educated by the administrator regarding self-closing door expectations, routine monitoring, and immediate reporting of concerns related to fire barrier doors by administrator by May 8, 2026. The Maintenance Director or designee will audit all self-closing doors weekly for four weeks and then monthly for two months to ensure compliance with doors with self-closing devices. Results of the audits will be presented by the Maintenance director or designee to the Administrator at the monthly Quality Assurance and Performance Improvement meeting for a period of three months. Any identified variance will be reviewed, and the plan will be revised until compliance is achieved.	06/04/2026
K0362 SS = E Bldg. 01	Corridors - Construction of Walls CFR(s): NFPA 101 Corridors - Construction of Walls 2012 EXISTING Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames. If the walls have a fire resistance rating, give the rating _____ if the walls terminate at the	K0362	The kitchen pass-through window identified during survey was immediately reviewed by maintenance director on May 8, 2026, related to smoke barrier protection, fusible link operations, and life safety code compliance. The maintenance director reviewed the kitchen pass-through window on May 8, 2026 and closed off the kitchen pass-through window by June 3, 2026 in accordance with life safety code requirements. An audit was done with all pass-through opening by May 22, 2026, by the maintenance director or designee. This practice had the potential to affect all residents. Maintenance staff were educated by administrator regarding smoke barrier integrity, wall penetration requirements, and reporting of openings that could impact smoke compartment protection by administrator on May 8, 2026. Maintenance staff were also educated on May 8, 2026 by administrator on timely annual inspections.	06/04/2026

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K0362 SS = E Bldg. 01	Continued from page 2 underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area. 19.3.6.2, 19.3.6.2.7 This STANDARD is NOT MET as evidenced by: Based on observation, interview and record review on 5/7/26, in the presence of the U.S. FOIA (b)(6) [REDACTED] it was determined that the facility failed to ensure that walls were constructed to resist the passage of smoke in accordance with NFPA 101: 2012 Edition, Sections 8.3.4.1, 19.3.6.2 and 19.3.6.2.7. This deficient practice had the potential to affect all residents in that smoke compartment and was evidenced by the following: Observations at 11:16 AM, revealed that the kitchen pass through window, approximately 24" x 24", to the dining room was observed to be in the open position. The roll down metal pass through window was observed to have a fusible link system that was not attached. In an interview at the time, the U.S. FOIA (b)(6) both indicated that no annual inspection/testing of the roll down window was completed. A documentation review of all facility inspections provided did not include that the kitchen pass through window would automatically close the opening upon detection of smoke or activation of the fire alarm system. No further documentation was provided. The facility's U.S. FOIA (b)(6) was informed of the deficient practice at the Life Safety Code exit conference on 5/7/26 at 12:30 PM. NJAC 8:39-31.2(e)	K0362	Continued from page 2 The Maintenance Director or designee will audit areas of smoke barrier openings and wall penetrations weekly for four weeks and then monthly for three months to ensure compliance. Results of the audits will be presented by the Maintenance director or designee to the Administrator at the monthly Quality Assurance and Performance Improvement meeting for a period of three months. Any identified variance will be reviewed, and the plan will be revised until compliance is achieved.	06/04/2026
K0363 SS = E Bldg. 01	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke	K0363	Resident room doors # NJ Exec Order 26.4b1 identified during survey were reviewed on May 8, 2026 by maintenance director were identified related to door gaps, rubbing, and latch concerns. A plan was put into place to replace doors by June 1, 2026. All residents have potential to be affected by this deficient practice. Additional resident room corridor doors were reviewed throughout the facility to ensure proper latching, closure, and smoke barrier protection	07/04/2026

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K0363 SS = E Bldg. 01	Continued from page 3 compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This STANDARD is NOT MET as evidenced by: Based on observations and interviews on 5/6/26 and 5/7/26 in the presence of the U.S. FOIA (b)(6) [REDACTED] it was determined that the facility failed to ensure that corridor doors were able to resist the passage of smoke in accordance with NFPA 101: 2012 Edition, Section 19.3.6, 19.3.6.3, 19.3.6.3.1 and 19.3.6.5. This deficient practice was identified for 6 of 32 rooms observed, which had the potential to affect all residents in the specific smoke compartments. This deficient practice was evidenced by the following: Observations from 5/6/26 and 5/7/26 in the presence of the U.S. FOIA (b)(6) revealed resident room doors did not operate properly as follows: On 5/6/26: - Resident room # [REDACTED] - the door was not seated			K0363	Continued from page 3 completed on May 11, 2026 by maintenance director. No additional findings. Maintenance staff were educated regarding corridor door requirements, routine monitoring, repair expectations, and timely replacement of damaged doors or hardware by administrator on May 8, 2026. Maintenance Director will audit all barrier openings and wall penetrations throughout the facility to ensure proper sealing and compliance with Life Safety Code requirements by Maintenance director weekly for 4 weeks and then monthly for 2 months to ensure compliance. Findings will be reviewed weekly with IDT team and then monthly during monthly QAPI		07/04/2026

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K0363 SS = E Bldg. 01	Continued from page 4 properly into the door frame leaving an approximately 1/2-inch top gap. - Resident room # [REDACTED] - the door was not seated properly into the door frame leaving an approximately 1/2-inch top gap. - Resident room # [REDACTED] - the door was not seated properly into the door frame leaving an approximately 1/2-inch side gap. On 5/7/26: - Resident room # [REDACTED] - the door rubs into the door frame. - Resident room # [REDACTED] - the door when closed did not latch into its frame. - Resident room # [REDACTED] - the door when closed did not latch into its frame. In an interview, the [REDACTED] U.S. FOIA (b)(6) both confirmed the above findings. The facility's [REDACTED] NJ Exec Order 26.4b1 was informed of the deficient practice at the Life Safety Code exit conference on 5/7/26 at 12:45 PM. NJAC 8:39-31.1(c), 31.2(e)	K0363		07/04/2026

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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 on 5/6/26 and 5/7/26. The facility was found to be in compliance with Medicare/Medicaid at 42 CFR, Subpart 483.73, Requirements for Long Term Care Facilities.			E0000			05/27/2026

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K0000 Bldg. 01	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 7/13/2026 in relation to the 5/7/2026 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			

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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