STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING GROVE REHABILITATION AND HEALTHCARE CENTER	144 GALES DRIVE , NEW PROVIDENCE, New Jersey, 07974

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS COMPLAINT #: 2613838 CENSUS: 94 SAMPLE SIZE: 4 The NJDOH conducted a complaint survey on 09/26/2025. The survey was officially completed on 09/26/2025. THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F0000		12/18/2025
F0842 SS = D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5),483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and	F0842	1. Resident R4 no longer resides at facility. SW#1 is no longer employed at facility. 2. All residents have the potential to be affected by this deficient practice. 3. The U.S. FOIA (b)(6) educated UM#1, NJ Exec Order 26 [redacted] on HIPAA and for staff to verify the identity of a resident before medical information is discussed. 4. The Administrator/designee will review the minutes from monthly resident council meetings for 3 months to determine whether there are any concerns regarding privacy and confidentiality. The Administrator/designee will conduct weekly observation audits of care plan meetings weekly x4 and monthly x2 to ensure that the correct resident's information is shared with the correct family member. The results of the audits will be reviewed during Monthly QAPI Committee x3 months. The QAPI Committee will make recommendations based upon the results of the audits. Upon attaining consistent compliance, the QAPI	12/18/2025

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/04/2025

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F0842 SS = D	Continued from page 1 (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and	F0842	Continued from page 1 committee will determine the continuation of the audits.	

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F0842 SS = D	Continued from page 2 resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is NOT MET as evidenced by: Complaint: 2613838 Based on interviews, record reviews, and review of facility documentation it was determined that the facility failed to a.) keep resident medical information confidential and b.) follow their “Resident Rights” policy. The deficient practice was identified for one of 3 residents reviewed for medical records (Resident #4). This deficient practice was evidenced by the following: According to the, “Admission Record,” Resident #4 was admitted to the facility with diagnoses including but not limited to: NJ Exec Order 26.4b1 [redacted] Review of the Minimum Data Set (MDS), an assessment tool, revealed that Resident #4 had a brief interview for mental status (BIMS) score of NJ Exec Order 26.4b1, which indicated that the resident's NJ Exec Order 26.4b1. The progress notes (PN) for Resident #4 were reviewed. A PN written by the Social Worker (SW #1) on NJ Exec Order 26.4b1 [redacted], revealed that an interdisciplinary team (IDT) meeting was conducted to update the resident's family member on Resident #4's progress. The PN further revealed that Resident #4 wanted the call to be cut short because Resident #4 NJ Exec Order 26.4b1 [redacted] The PN revealed that the Unit Manager (UM #1) discussed medications and overall health, and SW #1 discussed the discharge plan. SW #1 was no longer employed at the facility and was not available for an interview.	F0842		

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F0842 SS = D	Continued from page 3 The surveyor attempted to reach UM #1 for a telephone interview but was not successful. A statement signed by SW #1 and dated NJ Exec Order 26.4b1, was reviewed. The statement revealed that on NJ Exec Order 26.4b1 SW #1 and UM #1 called Resident #4's family member in preparation for an IDT meeting. The statement revealed that UM #1 began reading Resident #4's medication information when Resident #4's family member stated that the resident who was present did not sound like their family member. It was at that time that UM #1 stopped reading Resident #4's medication information, checked the resident who was present's identification (ID) band, and determined that it was not Resident #4. The statement revealed that SW #1 then stopped the meeting and located Resident #4 in the NJ Exec Order 26.4b1 department. SWW #1 later informed Resident #4 of what occurred during the earlier IDT meeting and apologized. A statement signed by UM #1 and dated NJ Exec Order 26.4b1 was reviewed. The statement revealed that on NJ Exec Order 26.4b1 a meeting was held to provide Resident #4's family with a progress update. The statement revealed that UM #1 began to read Resident #4's medication information at the beginning of the meeting. At the beginning of the meeting Resident #4's facility member, who attended by phone stated that the voice of the resident who was also attending the meeting did not sound like Resident #4. The statement further revealed that the meeting was stopped and the ID band of the resident in attendance was checked, and it was identified that the resident at the meeting was Resident #3, not Resident #4. A letter written by the U.S. FOIA (b)(6) to Resident #4 was reviewed. The letter revealed, "…it is important to us that you are made fully aware of a potential privacy issue. We have learned that your personal information may have been compromised. […] it was discovered that our U.S. FOIA (b) was holding a care conference on NJ Exec Order 26 along with the U.S. FOIA (b)(6) with the incorrect resident in the room. The U.S. FOIA (b)(6) along with the U.S. FOIA (b)(6) contacted your [family member] to review your medications when your [family member] stated that the resident in attendance didn't sound like [their family member] …". An interview was conducted with the U.S. FOIA (b) on NJ Exec Order 26.4b1 The U.S. FOIA (b) stated that the expectation was	F0842		

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F0842 SS = D	Continued from page 4 for staff to verify the identity of a resident before medical information was discussed. The U.S. FOIA (6 stated that this was important to ensure that accurate information was given and for the Health Insurance Portability and Accountability Act (federal standards protecting sensitive health information from disclosure without patient's consent). The U.S. FOIA (6 stated that resident identification could have been done by verifying the name with the resident and by checking the resident's ID band. The U.S. FOIA (6 confirmed that on NJ Exec Order 26.4b1, Resident #4's family member was called to participate in a care conference, but it was Resident #4's roommate (Resident #3) who was present when the conference started. The U.S. FOIA (6 stated that UM #1 began reading Resident #4's medications when Resident #4's family member recognized that the resident present did not sound like their family member. During ta follow up interview on NJ Exec Order 26.4b1 the U.S. FOIA (6 stated that maintaining resident privacy and confidentiality was important to maintain resident rights. The U.S. FOIA (6 further stated that reading Resident #4's medications with Resident #3 present did not maintain Resident #4's privacy and confidentiality. The facility policy, "Resident Rights," with a revised date of February 2021, was reviewed. Under, "Policy Interpretation and Implementation," the policy revealed, "1. Federal and state laws guarantee certain rights to all residents of this facility. Thes rights include the resident's right to: […] t. privacy and confidentiality." NJAC 8:39-4.1(a)12	F0842		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 062008	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/04/2025

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S0000	Initial Comments COMPLAINT #: 2613838 CENSUS: 94 SAMPLE SIZE: 4 The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long-Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S0000		12/18/2025
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Complaint: 2613838 Based on review of facility documents on 10/03/2025, it was determined that the facility failed to ensure staffing ratios were met for 1 of 14 day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the	S0560	1. No Residents were identified. 2. All residents have the potential to be affected by this deficient practice. 3. The Administrator/designee will conduct staffing meetings with the Staffing Coordinator/Human Resources Director and the Director of Nursing to review turnover, open positions, recruitment job postings, candidate interviews, and new hire start dates 5 days per week for 4 weeks. Recruitment and retention initiatives include but are not limited to sign-on bonuses, referral bonuses, pick up shift bonuses, rate adjustments, benefit adjustments and text message campaigns. Job fairs and a partnership with a CNA school. The facility has developed a Culture Committee focused on recruitment and retention of staff by enhancing the employee experience. Two employees of the month are chosen. The facility has seasonal holiday parties, and gives all employees presents during each holiday season. The facility celebrates all employee's	12/18/2025

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S0560	Continued from page 1 New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. For the 2 weeks of staffing prior to complaint survey from 09/07/2025 to 09/20/2025, the facility was deficient in CNA staffing for residents on 1 of 14 day shifts as follows: On 09/07/25 had 9 CNAs for 95 residents on the day shift, required at least 12 CNAs.	S0560	Continued from page 1 birthday's once a month. The facility has implemented the Care Champion program to mentor new employees where the champions/mentors receive a bonus if the new employee stays for a certain period of time. The facility participates in a weekly interdisciplinary Quality Care Resource call with consultants to review open positions, recruitment tactics, and changes to improve outcome. The facility conducts an exit interview with any employee who resigns to better improve the employee experience and help with retention. The facility has implemented processes to increase communication with employees through monthly town hall meetings. 4. The Administrator/designee will review the minutes from monthly resident council meetings for 3 months to determine whether there are any concerns regarding care and services. The Human Resource Director/designee will report recruitment and retention data trends to QAPI committee monthly x 3 months. The results of the audits will be reviewed during QAPI Committee. The QAPI Committee will make recommendations based upon the results of the audits. Upon attaining consistent compliance, the QAPI committee will determine the continuation of the audits.	

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/23/2025 in relation to the 09/26/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		12/23/2025

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

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New Jersey State Department of Health

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/23/2025 in relation to the 09/26/2025 State of New Jersey Complaint survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities.	S0000		12/23/2025

Office of Primary Care and Health Systems Management

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