

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>T5SN2I</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/25/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CONTINUING CARE AT SEABROOK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3002 ESSEX ROAD</b> <b>TINTON FALLS, NJ 07753</b>
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A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>Complaint #: NJ 00187123</p> <p>Date of Survey: 11/24/2025 and 11/25/2025</p> <p>CENSUS: 74</p> <p>SAMPLE SIZE: 3</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs.</p> <p>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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A 310	<p>8:36-3.4(a)(1) Administrator's Responsibilities</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

01/05/26

New Jersey Department of Health

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ 00187123</p> <p>Based on interview and record review, it was determined that the Administrator failed to ensure the implementation and enforcement of the facility policy titled, "Suicide Threats" for 1 of 3 residents, Residents #1. This deficient practice was evidenced by the following:</p> <p>The Department of Health (DOH) received a Facility Reportable Event (FRE) (a report used by facilities to report events to the DOH) on [redacted]. According to the FRE, on [redacted] Resident #1 attempted to [redacted] with a [redacted] of [redacted].</p> <p>On 11/24/25 at 10:08 a.m., the surveyor reviewed the facility's Investigative Summary (IS) provided by the Assistant Administrator (AA). According to the IS on [redacted] at 8:00 a.m., Resident #1 informed the Private Duty Aide (PDA) that he/she [redacted] NJ Exec Order 26.4b1. The IS further documented that the PDA offered to take Resident #1 [redacted] NJ Exec Order 26.4b1.</p> <p>At 11:00 a.m., the surveyor reviewed Resident #1's medical record (MR) which revealed that Resident #1 was admitted to the facility in [redacted] of [redacted] with a diagnosis of [redacted].</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>Further review of the progress notes (PN) revealed the following:</p> <p>On [redacted] the PN written by a Licensed Practical Nurse (LPN) documented, "PDA [Private Duty Aide] asked resident if he/she could [redacted], to [redacted], to [redacted] and resident stated, "NJ Exec Order 26.4b1 and [redacted]."</p> <p>On [redacted] the PN written by a RN documented, "Resident's primary CMA [Certified Medication Aide] reported resident is repeatedly telling everyone he/she [redacted]."</p> <p>On [redacted] at 1:34 p.m., the surveyor interviewed the Director of Nursing (DON) and inquired about Resident #1's verbalizations of [redacted]. The DON stated that each time Resident #1's [redacted], the resident was assessed, and physician was notified.</p> <p>During the interview, the surveyor inquired about Resident #1's verbalization on [redacted] at 8 a.m., of the Resident #1 [redacted]. The DON stated that she was not aware of Resident #1's verbalization on [redacted] at 8:00 a.m.</p> <p>The facility failed to enforce its facility policy titled, "Suicide Threats" when the PDA failed to immediately report on [redacted] at 8:00 a.m., that Resident #1 stated that he/she [redacted].</p> <p>The surveyor reviewed a facility policy, dated 7/2025, titled, "Suicide Threats" which indicated, "... Procedure: 1. If a resident is threatening to commit suicide to a staff member, that member must reported situation immediately ..."</p>	A 310		

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A 401	Continued From page 3	A 401		
A 401	<p>8:36-4.1(a)(22) Resident Rights</p> <p>(a) Each assisted living provider shall post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights:</p> <p>22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ 00189327</p> <p>Based on interview and record review, it was determined that the facility failed to provide a safe environment for 1 of 3 residents reviewed, Resident #1. This deficient practice was evidenced by the following:</p> <p>On [redacted], the Department of Health (DOH) received a Facility Reportable Event (FRE). According to the FRE, on [redacted] Resident #1 attempted to [redacted] his/her [redacted].</p> <p>On 11/24/25 at 11:00 a.m., the surveyor reviewed Resident #1's medical record (MR) which revealed that Resident #1 was admitted to the facility in [redacted] of [redacted] with a diagnosis of [redacted].</p>	A 401		

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A 401	<p>Continued From page 4</p> <p>Further review of Resident #1's Progress Notes (PN) revealed the following:</p> <p>On [redacted] the PN written by a Licensed Practical Nurse (LPN) indicated that Resident #1 refused to go to the emergency room (ER) to have his/her [redacted] evaluated for [redacted]. Resident #1 stated that [redacted].</p> <p>On [redacted] the PN written by a Registered Nurse (RN) documented "During the conversation, the resident expressed [redacted] of [redacted] citing the [redacted] of his/her [redacted] and stated he/she [redacted]."</p> <p>On [redacted], the PN written by an LPN documented "PDA [Private Duty Aide] asked Resident #1 if he/she could use [redacted], to avoid a [redacted] and resident stated [redacted] and [redacted]."</p> <p>On [redacted] a PN written by a RN documented, "CMA [Certified Medication Aide] notified Wellness Manager that resident had [redacted] the med card to the floor. [redacted] was [redacted]."</p> <p>On [redacted], the PN written by the Assistant Administrator indicated, "[Resident #1] continues to demonstrate actions and expressions when his/her PDA is not present; including [redacted] his/her [redacted] and stating to staff [redacted] and pulling items off the CMA carts, despite [redacted] and [redacted] being provided."</p> <p>On [redacted], the PN written by the Clinical Manager (CM) documented, "PDA from the</p>	A 401		

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A 401	<p>Continued From page 5</p> <p>overnight shift reported to the Primary CMA that the resident stated, <b>NJ Exec Order 26.4b1</b> [REDACTED]</p> <p>On <b>NJ Exec Order 26.4b1</b>, the PN written by an LPN documented, "Overnight PDA reported last night resident was <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> PDA reported resident <b>NJ Exec Order 26.4b1</b> at her ..."</p> <p>On <b>NJ Exec Order 26.4b1</b>, the PN written by a RN documented, "Resident's primary CMA reported resident is repeatedly telling everyone he/she <b>NJ Exec Order 26.4b1</b>."</p> <p>On <b>NJ Exec Order 26.4b1</b>, the PN written by the CM indicated that Resident #1 requested <b>NJ Exec Order 26.4b1</b> from the PDA to <b>NJ Exec Order 26.4b1</b> on his/her coat and the resident then used the <b>NJ Exec Order 26.4b1</b> provided by the PDA to <b>NJ Exec Order 26.4b1</b>. Resident #1 was transferred to the hospital for evaluation and returned to the facility on <b>NJ Exec Order 26.4b1</b>.</p> <p>On 11/25/25 at 12:30 p.m., the surveyor reviewed the <b>NJ Ex Order 26.4(b)(1)</b> [REDACTED] "consultation form dated <b>NJ Exec Order 26.4b1</b> at 2:50 p.m., provided by the Nurse Educator which revealed, "Monitor client closely. Ensure client does not have access to any <b>NJ Exec Order 26.4b1</b> to ensure safety. Utilize <b>NJ Exec Order</b> utensils during meal times. Utilize the patient safety plan to identify warning signs and resources."</p> <p>At 12:50 p.m., the surveyor interviewed a PDA assigned to Resident #1 and inquired if she observed Resident #1's breakfast tray and what utensils were on the breakfast tray on <b>NJ Exec Order 26.4b1</b>. The PDA stated that the breakfast tray arrived with silverware which included a fork, spoon, and</p>	A 401		

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A 401	<p>Continued From page 6</p> <p>a knife.</p> <p>At 12:55 p.m., the surveyor went to Resident #1's apartment and observed several electrical cords in various areas of the Resident #1's apartment.</p> <p>At 1:34 p.m., the surveyor interviewed the DON regarding the above [redacted] documentation and the DON stated that a PDA was provided to ensure the Resident #1's safety which started in [redacted].</p> <p>At 2:46 p.m., the surveyor interviewed the DON and the AA and inquired about the [redacted] recommendations made on [redacted]. The AA stated that the [redacted] evaluator made recommendations and not orders. The AA explained that the recommendations would be implemented once the [redacted] reviewed the clinical consultation form and wrote orders from the recommendations.</p> <p>There was no documentation in the resident's MR to indicate that Resident #1's [redacted] were addressed until [redacted] when the Resident #1 requested for a [redacted] of [redacted] and [redacted] to [redacted]. The resident was then transferred to the hospital for evaluation and returned to the facility on [redacted].</p> <p>Additionally, the facility failed to ensure Resident #1's safety by failing to implement recommendations made by the [redacted] evaluator on [redacted].</p> <p>The surveyor reviewed the facility policy titled, "Resident Rights" dated 6/2023 which revealed, "Residents have a right: to a safe, clean, comfortable and home-like environment..."</p>	A 401		

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A 537	Continued From page 7	A 537		
A 537	<p>8:36-5.7(a)(1) Policy and Procedure Manual</p> <p>(a) A policy and procedure manual(s) for the organization and operation of the facility or program shall be developed, implemented, and reviewed at least annually. Each review of the manual(s) shall be documented, and the manual(s) shall be available in the facility or program to representatives of the Department at all times. The manual(s) shall include at least the following:</p> <ol style="list-style-type: none"> <li>1. An organizational chart delineating the lines of authority, responsibility, and accountability for the administration and resident care services of the facility or program;</li> </ol> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ 00189327</p> <p>Based on observation and record review, it was determined that the facility failed to maintain its policies and procedures in accordance with N.J.A.C. 8:36-5.7, which required that all policies be reviewed at least annually and that such review be documented. This deficient practice was evidenced by the following:</p> <p>On 11/24/25, the surveyor reviewed a facility policy titled, "Resident Rights," dated 6/2023. The</p>	A 537		

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A 537	<p>Continued From page 8</p> <p>policy contained no written evidence that indicated that it had been reviewed or updated.</p> <p>The surveyor also reviewed a facility policy titled, "Physcian Notification of Change in Condition," dated 6/21. There was no documentation showing that this policy had received an annual review or update.</p> <p>The surveyor also reviewed a facility policy titled, "Care/Service Plans," dated 5/21. There was no documentation showing that this policy had received an annual review or update.</p> <p>Additional policies provided by the Director of Nursing did not contain any documented evidence showing that the facility reviewed its policies at least annually. None of the policies reviewed included review dates, revision dates, administrative approval, or other documentation demonstrating that the policies were maintained and updated as required under N.J.A.C. 8:36-5.7.</p>	A 537		
A 747	<p>8:36-7.2(g) Health Care Assmnt. and Health Service Plan</p> <p>(g) The facility shall make reasonable effort to have documentation of services provided by outside health care professionals entered in the resident record.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00187123</p> <p>Based on interview, record review, and review of</p>	A 747		

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A 747	<p>Continued From page 9</p> <p>pertinent facility documents, it was determined that the facility failed to ensure documentation of the services provided to the residents by outside health care professionals, including the [redacted] were entered, and included in the residents' medical record for 1 of 3 residents, Resident #1. This deficient practice was evidenced by the following:</p> <p>On 11/20/25, the Department of Health (DOH) received a Facility Reportable Event (FRE). According to the FRE, on [redacted] Resident #1 attempted to [redacted].</p> <p>On 11/24/25 at 11:00 a.m., the surveyor reviewed Resident #1's medical record (MR) which revealed that Resident #1 was admitted to the facility in [redacted] with a diagnosis of [redacted].</p> <p>Further review of Resident #1's Progress Notes (PN) revealed the following that Resident #1 was seen by the [redacted] Advanced Practice Nurse (APN) on [redacted].</p> <p>At 1:15 p.m., the surveyor interviewed the Clinical Manager (CM) and inquired about when [redacted] service was provided to Resident #1. The CM stated that Resident #1 was scheduled to see the [redacted] APN biweekly.</p> <p>The surveyor requested at that time for the progress note for the [redacted] APN from [redacted] to the most current.</p> <p>At 1:40 p.m., the surveyor received from the Nurse Educator Resident #1's [redacted] progress notes dated for [redacted].</p> <p>The facility was unable to provide documented</p>	A 747		
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A 747	Continued From page 10  evidence that Resident #1 was seen by the [redacted] APN in [redacted] and [redacted]  The surveyor reviewed the facility policy titled "Physician Notification of Change in Condition" dated 6/2021 which revealed, "... Procedure: ... 3. Review identified change(s) with resident and document evaluation/assessment in the electronic medical record ..."	A 747		
A 753	8:36-7.3(c) General and Health Service Plans  (c) Documentation in the resident's record shall indicate review and any necessary revision of the resident service plan and/or health service plan.  This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00187123  Based on interview and record review, it was determined that the facility failed to ensure that resident's Service Plan (SP) was developed and/or updated for the resident's verbalization of [redacted] and [redacted] for 1 of 3 residents reviewed, Resident #1. This deficient practice was evidenced by the following:  On [redacted] the Department of Health (DOH) received a Facility Reportable Event (FRE).	A 753		

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A 753	<p>Continued From page 11</p> <p>According to the FRE, on [redacted] Resident #1 attempted to [redacted] with [redacted]</p> <p>On 11/24/25 at 11:00 a.m., the surveyor reviewed Resident #1's medical record (MR) which revealed that Resident #1 was admitted to the facility in [redacted] with a diagnosis of [redacted]</p> <p>On [redacted] the PN written by a Licensed Practical Nurse (LPN) documented that Resident #1 refused to go to the emergency room (ER) to have his/her [redacted] evaluated for [redacted] Resident #1 stated that [redacted]</p> <p>" [redacted] "</p> <p>On [redacted] the PN written by a Registered Nurse (RN) documented "During the conversation, the resident expressed [redacted] of [redacted] citing the [redacted] of his/her [redacted] and stated he/she [redacted] ."</p> <p>On [redacted] the PN written by an LPN documented "PDA [Private Duty Aide] asked resident if he/she could use [redacted] ], to avoid a [redacted] and resident stated [redacted] and [redacted] ."</p> <p>On [redacted] the PN written by a RN documented "CMA [Certified Medication Aide] notified Wellness Manager that resident had [redacted] the med card to the floor. [redacted] was [redacted]</p> <p>On [redacted] the PN written by the Assistant Administrator documented "[Resident #1] continues to demonstrate actions and expressions when his/her PDA is not present; including [redacted] his/her [redacted] and stating to staff [redacted] " and [redacted]</p>	A 753		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>T5SN2I</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/25/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CONTINUING CARE AT SEABROOK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3002 ESSEX ROAD</b> <b>TINTON FALLS, NJ 07753</b>
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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) COMPLETE DATE
A 753	<p>Continued From page 12</p> <p>items off the CMA carts, despite [redacted] and [redacted] being provided."</p> <p>On [redacted] the PN written by the Clinical Manager documented, "PDA from the overnight shift reported to the Primary CMA that the resident stated, [redacted]."</p> <p>On [redacted] the PN written by an LPN documented "Overnight PDA reported last night resident was [redacted] and [redacted] PDA reported resident [redacted] at her ..."</p> <p>On [redacted] the PN written by a RN documented, "Resident's primary CMA reported resident is repeatedly telling [redacted]"</p> <p>On 11/25/25 at 12:30 p.m., the surveyor reviewed the "[redacted] NJ Ex Order 26.4(b)(1) [redacted]" consultation form dated [redacted] at 2:50 p.m., provided by the Nurse Educator which revealed, "Monitor client closely. Ensure client does not have access to any [redacted] NJ Exec Order 26.4b1 [redacted] to ensure safety. Utilize [redacted] utensils during meal times. Utilize the patient safety plan to identify warning signs and resources."</p> <p>At 12:50 p.m., the surveyor interviewed a PDA assigned to Resident #1 and inquired if she observed Resident #1's breakfast tray and what utensils were on the breakfast tray on [redacted]. The PDA stated that the breakfast tray arrived with silverware which included a fork, spoon, and a knife.</p> <p>At 12:55 p.m., the surveyor went to Resident #1's apartment and observed several electrical cords</p>	A 753		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>T5SN2I</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/25/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CONTINUING CARE AT SEABROOK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3002 ESSEX ROAD</b> <b>TINTON FALLS, NJ 07753</b>
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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) COMPLETE DATE
A 753	<p>Continued From page 13</p> <p>in various areas of the resident's apartment.</p> <p>On 11/25/25 at 1:34 p.m., the surveyor interviewed the Director of Nursing (DON) and inquired if Resident #1's care plan was updated with the above incidents. The DON stated that handwritten updates were documented on the paper copy in the MR. The handwritten notes were then documented in the electronic MR. During continued interview, the DON acknowledged that the care plan was not updated to reflect Resident #1's <b>NJ Exec Order 26.4b1</b>.</p> <p>At 2:46 p.m., the surveyor interviewed the DON and the AA and inquired about the <b>NJ Exec Order 26.4(b)</b> recommendations on <b>NJ Exec Order 26.4b1</b>. The AA stated that the <b>NJ Exec Order 26.4(b)</b> evaluator made recommendations but the recommendations were not written orders. The AA explained that the recommendations would be implemented once the <b>NJ Exec Order 26.4b1</b> reviewed the clinical consultation form and wrote the orders.</p> <p>The facility failed to ensure Resident #1's Service Plan was updated with the resident's verbalization of <b>NJ Exec Order 26.4b1</b> on <b>NJ Exec Order 26.4b1</b> and the resident's <b>NJ Exec Order 26.4b1</b> on <b>NJ Exec Order 26.4b1</b>.</p> <p>Additionally, the facility failed to ensure Resident #1's service plan was updated to include recommendation from <b>NJ Exec Order 26.4(b)</b> evaluation on <b>NJ Exec Order 26.4b1</b>.</p> <p>The surveyor reviewed a facility policy, dated 5/2021, titled, "Care/Service Plans" which indicated, " ... Assisted Living/Memory Care ... 15. Care/Service Plan will be updated by hand in-between completion of the holistic assessment/care/service plans. A. Care/Service</p>	A 753		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>T5SN2I</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/25/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CONTINUING CARE AT SEABROOK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3002 ESSEX ROAD</b> <b>TINTON FALLS, NJ 07753</b>
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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) COMPLETE DATE
A 753	Continued From page 14  Plan approaches will be reviewed and/or revised, as applicable, at the following intervals: ... iv. With any significant change in condition."	A 753		
A1021	<p>8:36-13.2 Provision of Social Work Services</p> <p>The facility shall arrange for the provision of social work services to residents who require them, by social workers licensed in accordance with N.J.S.A. 45:15BB and N.J.A.C. 13:44G.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ 00154805</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that a resident received [redacted] services during times of need for 1 of 3 residents, Resident #1. This deficient practice was evidenced by the following:</p> <p>On [redacted], the Department of Health (DOH) received a Facility Reportable Event (FRE). According to the FRE, on [redacted] Resident #1 attempted to [redacted] with [redacted].</p> <p>On 11/24/25 at 11:00 a.m., the surveyor reviewed Resident #1's medical record (MR) which revealed that Resident #1 was admitted to the facility in [redacted] with a diagnosis of [redacted].</p> <p>Further review of the Resident #1's progress</p>	A1021		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>T5SN2I</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/25/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CONTINUING CARE AT SEABROOK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3002 ESSEX ROAD</b> <b>TINTON FALLS, NJ 07753</b>
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A1021	<p>Continued From page 15</p> <p>notes (PN) revealed the following:</p> <p>On [redacted] the PN written by a Licensed Practical Nurse (LPN) indicated that Resident #1 [redacted] to go to the emergency room (ER) to have his/her [redacted] NJ Exec Order 26.4b1. Resident #1 stated that [redacted] NJ Exec Order 26.4b1 [redacted]."</p> <p>On [redacted] the PN written by a Registered Nurse (RN) documented, "During the conversation, the resident expressed feelings of [redacted] NJ Exec Order 26.4b1 citing the recent [redacted] NJ Exec Order 26.4b1 [redacted], and stated he/she nd [redacted] NJ Exec Order 26.4b1 [redacted]."</p> <p>On [redacted] the PN written by an LPN documented "PDA [Private Duty Aide] asked resident if he/she could use [redacted] NJ Exec Order 26.4b1 [redacted], to avoid a [redacted] NJ Exec Order 26.4b1 and resident stated [redacted] NJ Exec Order 26.4b1 [redacted] and [redacted] NJ Exec Order 26.4b1 [redacted]."</p> <p>On [redacted] the PN written by a RN documented "CMA [Certified Medication Aide] notified Wellness Manager that resident had [redacted] NJ Exec Order 26.4b1 the med card to the floor. [redacted] NJ Exec Order 26.4b1 was [redacted] NJ Exec Order 26.4b1 [redacted]."</p> <p>On [redacted] the PN written by the Assistant Administrator (AA) documented, "[Resident #1] continues to demonstrate actions and expressions when his/her PDA is not present; including [redacted] NJ Exec Order 26.4b1 his/her [redacted] NJ Exec Order 26.4b1 and stating to staff [redacted] NJ Exec Order 26.4b1 [redacted] and [redacted] NJ Exec Order 26.4b1 [redacted] items off the CMA carts, despite [redacted] NJ Exec Order 26.4b1 [redacted] and [redacted] NJ Exec Order 26.4b1 [redacted] being provided."</p> <p>On [redacted] the PN written by the Clinical Manager documented, "PDA from the overnight shift reported to the Primary CMA that the resident stated, [redacted] NJ Exec Order 26.4b1 [redacted]."</p>	A1021		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>T5SN2I</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/25/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CONTINUING CARE AT SEABROOK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3002 ESSEX ROAD</b> <b>TINTON FALLS, NJ 07753</b>
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A1021	<p>Continued From page 16</p> <p>On [redacted] the PN written by an LPN documented "Overnight PDA reported last night resident was [redacted] and [redacted] PDA reported resident [redacted] at her ..."</p> <p>On [redacted] the PN written by a RN documented, "Resident's primary CMA reported resident is repeatedly [redacted] he/she [redacted]"</p> <p>On 11/24/25 at 1:15 p.m., the surveyor interviewed the Clinical Manager (CM) and inquired about Resident #1 verbalizations of [redacted]). The CM stated that Resident #1 verbalized on multiple occasions not [redacted] of his/her [redacted]</p> <p>Additionally, the surveyor inquired if Resident #1 was referred to a [redacted]) following the [redacted] of Resident #1's [redacted]. The CM stated that Resident #1 was referred to the [redacted] on [redacted] and had [redacted] sessions on [redacted]</p> <p>The surveyor inquired if the [redacted] sessions were documented in the MR. The CM stated that the [redacted] sessions were not documented in the MR and that the [redacted] had documentation of the sessions.</p> <p>The facility did not provide the requested documented evidence of the [redacted] sessions by the end of the survey on [redacted]</p>	A1021		

January 14, 2026

To whom it may concern,

Please see the below Plan of Correction (POC) from your survey on November 24, 2025.

**A310: Administrator's Responsibilities**

NJ Exec Order 26.4b1  
Accepted 1/21/26.

1. Corrective Action for the Affected Resident:

Upon **NJ Exec Order 26.4b1** resident # 1 was assessed by the Registered Nurse (RN). Resident was offered **NJ Exec Order 26.4b1** and sent to **NJ Exec Order 26.4b1** for evaluation. The residents' representative, provider, and security were notified. The community initiated re-education to clinical staff on the **NJ Exec Order 26.4b1** policy on 11/19/25. The Administrator confirmed that all actions were documented in the residents' general and health service plans. Re-evaluate residents needs upon return.

2. Corrective Action to Identify Other Residents with Potential to Be Affected:

All residents have the potential to be affected.

3. Systemic Changes to Prevent Recurrence:

The administrator and interdisciplinary team will provide re-education to clinical staff on the suicide threats policy by 1/31/2026. Sign-in sheets will remain with the community Staff Development Coordinator (SDC). A sample of resident medical records were reviewed by the interdisciplinary team to identify risk for self-harm, high risk behaviors or recent significant psychosocial stressors.

4. Monitoring to Ensure Ongoing Compliance:

The administrator/designee will audit incident reports and clinical documentation to identify residents potentially at risk for self-harm. Results will be reported in QAPI weekly for 4 weeks and monthly for 3 months.

5. Corrective Action to be completed on 1/31/2026.

### A401: Residents Rights

#### 1. Corrective Action for the Affected Resident:

NJ Ex Order 26.4  
Accepted 1/21/26.

Resident # 1 was admitted on [redacted] under the care and certification of the community's medical center and providers. [redacted] received services from the [redacted] and has had a private duty aide in place [redacted] since [redacted]. Referrals were made for [redacted] services which were initiated [redacted]. Upon attempting [redacted] resident #1 was immediately assessed by the Registered Nurse (RN). Resident #1 was offered [redacted] and sent to [redacted] for evaluation. The residents' representative, provider, and security were notified. Re-evaluate residents needs upon return.

#### 2. Corrective Action to Identify Other Residents with Potential to Be Affected:

All residents have the potential to be affected.

#### 3. Systemic Changes to Prevent Recurrence:

The RN Wellness manager/designee will provide re-education to clinical staff on resident's rights, including maintaining a safe environment by 1/31/2026. Sign-in sheets will remain with the community Staff Development Coordinator (SDC). A sample of resident medical records were reviewed by the interdisciplinary team to identify residents potentially at risk for self-harm.

#### 4. Monitoring to Ensure Ongoing Compliance:

The RN wellness manager/designee will interview 10% of residents weekly for 4 weeks and then monthly for 3 months to ensure their resident rights are being upheld and they remain safe in their environment. All findings will be reported to Quality Assurance Performance Improvement (QAPI) monthly for 4 months.

#### 5. Corrective Action to be completed on 1/31/2026.

### A537: Policy and Procedure manual

#### 1. Corrective Action for the Affected Resident:

NJ Ex Order 26.4  
Accepted 1/21/26.

Seabrook and Erickson Senior Living policies are reviewed annually as per the requirement by our home office. Each individual policy has a date noting the latest version/most recent updates.

2. Corrective Action to Identify Other Residents with Potential to Be Affected:

All residents have the potential to be affected.

3. Systemic Changes to Prevent Recurrence:

Seabrook and Erickson Senior Living will continue to review policies annually and update latest version dates as needed.

4. Monitoring to Ensure Ongoing Compliance:

The administrator/designee will continue to monitor annual compliance with policies and procedures in partnership with the home office partners. All policies were reviewed in 2025 with documentation held by the Administrator.

5. Corrective Action to be completed on 1/31/2026.

**A747: Health Care Assessment and Health Service Plan**

NJ Exec Order  
Accepted  
1/21/26.

1. Corrective Action for the Affected Resident:

Resident #1 is followed by the NJ Exec Order 26.4b1 Nurse Practitioner effective NJ Exec Order 26.4b1 and the Medical Center NJ Ex Order 26.4(b)(1) prior to admission. Resident #1's service plans were updated to reflect services provided by these outside healthcare professionals.

2. Corrective Action to Identify Other Residents with Potential to Be Affected:

All residents with a health service plan have the potential to be affected.

3. Systemic Changes to Prevent Recurrence:

The Staff Development Coordinator (SDC)/designee will provide re-education to the clinical team on the policy for health services plans by 1/31/2026. Sign-in sheets will remain with the community Staff Development Coordinator (SDC). A sample of resident health service plans were reviewed to ensure they reflect services provided by outside healthcare professionals.

4. Monitoring to Ensure Ongoing Compliance:

The RN wellness manager/designee will audit 10% of resident health service plans weekly for 4 weeks and then monthly for 3 months. All findings will be reported to Quality Assurance Performance Improvement (QAPI).

5. Corrective Action to be completed on 1/31/2026.

**A753: General and Health Service Plan**

NJ Exec Order 26.4b1

Acceptable  
1/21/24

1. Corrective Action for the Affected Resident:

A holistic assessment was completed for Resident #1 upon admission on [redacted] NJ Exec Order 26.4b1. General care plans and health service plans were generated at this time. General service plans were updated upon readmission [redacted] NJ Exec Order 26.4b1 and health service plans were updated [redacted] NJ Exec Order 26.4b1. Updates will continue to be made during scheduled assessment intervals and as needed as per the requirement.

2. Corrective Action to Identify Other Residents with Potential to Be Affected:

All residents have the potential to be affected.

3. Systemic Changes to Prevent Recurrence:

The Staff Development Coordinator (SDC)/designee will provide re-education to the clinical team on the policy for updating general and health service plans by 1/31/2026. Sign-in sheets will remain with the community Staff Development Coordinator (SDC). A sample of resident general and health service plans were reviewed to ensure they are updated in a timely manner to reflect resident care needs.

4. Monitoring to Ensure Ongoing Compliance:

The RN wellness manager/designee will audit 10% of resident general and health service plans weekly for 4 weeks and then monthly for 3 months. All findings will be reported to Quality Assurance Performance Improvement (QAPI).

5. Corrective Action to be completed on 1/31/2026.

**A1021: Provision of Social Work Services**

NJ Exec Order 26.4b1

Acceptable  
1/21/24

1. Corrective Action for the Affected Resident:

All residents in need have access to [redacted] NJ Exec Order 26.4b1 services through the medical center. Resident #1 cancelled sessions with the medical center [redacted] NJ Exec Order 26.4b1 on [redacted] NJ Exec Order 26.4b1. Resident #1 received sessions with the medical center [redacted] NJ Exec Order 26.4b1 which indicated services were ending for lack of participation. Resident #1 was seen by [redacted] NJ Exec Order 26.4b1 however continued services were not recommended. All residents in need will continue to receive services as per individualized treatment plans.

2. Corrective Action to Identify Other Residents with Potential to Be Affected:

All residents have the potential to be affected.

3. Systemic Changes to Prevent Recurrence:

The Staff Development Coordinator (SDC)/designee will provide re-education to the clinical team on how to identify and refer residents for social work services by 1/31/2026. Sign-in sheets will remain with the community Staff Development Coordinator (SDC). A sample of residents that could potentially benefit from SW services were reviewed by the interdisciplinary team.

4. Monitoring to Ensure Ongoing Compliance:

The interdisciplinary team/designee will audit clinical documentation weekly for 4 weeks and monthly for 3 months, to ensure that residents during times of need are offered social work services. All findings will be reported to Quality Assurance Performance Improvement (QAPI).

5. Corrective Action to be completed on 1/31/2026.

If additional information or updates are needed, I can be reached via email at

**NJ Exec Order 26.4b1**

Thank you,

**NJ Exec Order 26.4b1**

Assistant Director of Continue Care  
Seabrook  
3002 Essex Road  
Tinton Falls, NJ 07753

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER T5SN2I <span style="float: right;">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/22/2026 <span style="float: right;">Y3</span>
NAME OF FACILITY CONTINUING CARE AT SEABROOK		STREET ADDRESS, CITY, STATE, ZIP CODE 3002 ESSEX ROAD TINTON FALLS, NJ 07753

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0310	Correction	ID Prefix A0401	Correction	ID Prefix A0537	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(22)	Completed	Reg. # 8:36-5.7(a)(1)	Completed
LSC	01/31/2026	LSC	01/31/2026	LSC	01/31/2026
ID Prefix A0747	Correction	ID Prefix A0753	Correction	ID Prefix A1021	Correction
Reg. # 8:36-7.2(g)	Completed	Reg. # 8:36-7.3(c)	Completed	Reg. # 8:36-13.2	Completed
LSC	01/31/2026	LSC	01/31/2026	LSC	01/31/2026
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/25/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER T5SN2I <span style="float: right;">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/22/2026 <span style="float: right;">Y3</span>
NAME OF FACILITY CONTINUING CARE AT SEABROOK		STREET ADDRESS, CITY, STATE, ZIP CODE 3002 ESSEX ROAD TINTON FALLS, NJ 07753

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0310 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 01/31/2026	ID Prefix A0401 Reg. # 8:36-4.1(a)(22) LSC	Correction Completed 01/31/2026	ID Prefix A0537 Reg. # 8:36-5.7(a)(1) LSC	Correction Completed 01/31/2026
ID Prefix A0747 Reg. # 8:36-7.2(g) LSC	Correction Completed 01/31/2026	ID Prefix A0753 Reg. # 8:36-7.3(c) LSC	Correction Completed 01/31/2026	ID Prefix A1021 Reg. # 8:36-13.2 LSC	Correction Completed 01/31/2026
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/25/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		