STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315179	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN LAKE HEALTHCARE AT OCEANVIEW	**2721 ROUTE 9 , OCEAN VIEW, New Jersey, 08230**

(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 #: 2649488, 2597199 CENSUS: 107 SAMPLE SIZE: 3 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		11/24/2025
F0609 SS = D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the	F0609	I. Corrective Action Taken for the Resident Affected Resident #1 was immediately assessed when NJ Ex Order 26 and NJ Ex Order 26 were identified NJ Ex Order 26.4(b)(1). NJ Ex Or management was provided, an NJ Ex Orde confirmed a NJ Ex Order 26 the physician and POA were notified, and an NJ Ex Order 26.4(b)(consultation was completed. A NJ Ex Order 26.4(b)(1) was applied, and the care plan was updated to reflect ongoing monitoring and safety interventions. Based on assessment and staff interviews, the NJ Ex Order 26 aligns with the mechanism of NJ Ex Orde identified as NJ Ex Order 26.4(b)(1) during hands-on care. A reinvestigation was completed, including re-interviewing all staff assigned on 10/17/25 and 10/18/25, reviewing assignments and time-clock logs, reassessing resident #1. II. Identification of Other Residents Who May Be Affected The facility determined that all residents have the potential to be affected by this deficient practice, this can be indicated by reviewing the residents' medical record.	11/24/2025

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: 315179	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/30/2025

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AUTUMN LAKE HEALTHCARE AT OCEANVIEW	2721 ROUTE 9 , OCEAN VIEW, New Jersey, 08230

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F0609 SS = D	Continued from page 1 alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is NOT MET as evidenced by: Complaint # 2649488, 2597199 Based on interviews, medical record review and review of pertinent facility documents on 10/30/2025 it was determined that the facility failed to: a.) complete a thorough investigation of an NJ Ex Order 26.4(b)(1) by ruling out NJ Ex Order and NJ Ex Order 26 b.) ensure it reported an NJ Ex Order 26.4(b)(1) to the New Jersey Department of Health. This deficient practice occurred for 1 of 3 residents reviewed for NJ Ex Order 26.4(b and NJ Ex Order 2 (Resident #1). This deficient practice is evidenced by the following: A review of the Admission Record (an admission summary) reflected that Resident #1 was admitted to the facility on NJ Ex Order 26.4(b) with diagnoses that included but were not limited to; NJ Ex Order 26.4(b and (NJ Ex Order 26.4(b)(1) [redacted]) and NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1) [redacted]). A review of the admission Minimum Data Set, an assessment tool dated NJ Ex Order 26.4(b)(1) reflected that Resident #1 had a Brief Interview for Mental Status score (BIMS) of NJ E out of 15, indicating that the resident was NJ Ex Order 26.4(b)(1) . A review of a facility document labeled "# NJ Ex Order 26.4(b)(1), Date NJ Ex Order 26.4(b)(1), 12:07" revealed under Notes a NJ Ex Order 26.4(b)(1) entry; "Alert Note -- On NJ Ex Order 26.4 at approx 10:45am [Resident #1] was observed with NJ Ex Order 26. and NJ Ex Order 26.4(b)(1) to the NJ Ex Order 26.4(b)(1). [Resident #1] NJ Ex Order 2 to state what happened. Prior to incident, noted documentation of [Resident #1] becoming NJ Ex Order 26.4(b)(1) with staff during care. [Resident #1] was NJ Exec Or and NJ Exec Order 26.4(the staff. [Resident #1] has a history of NJ Exec Order 26.4b1 and NJ Ex Order 26.4(b) [redacted]. NJ Ex Order 26.4(b was NJ Ex Order 2 on NJ Ex Order US FO made aware of NJ Ex Order 26. and NJ Ex Order 26.4 PRN NJ Ex Order 2 administered for NJ Ex Order 26.4(b)(1) ordered to r/o (rule out) NJ Ex Order 26 or NJ Ex Order 26.4(b)(1) POA (Power of Attorney)…made aware of incident." The document further revealed under "Notes" a NJ Ex Order 26.4(b)(1 entry, "In conclusion, [Resident #1] did NJ Ex Order 26.4(b)(1) [redacted] due to NJ Ex Order 26.4(b)(1) with care that was noted previously."	F0609	Continued from page 1 III. Systemic Changes to Prevent Recurrence Policies on Abuse, Neglect, Exploitation, misappropriation of resident property and injury of unknown source, reporting to State Agencies was reviewed to ensure clarity on required reporting timeframes and investigation procedures. All staff were reeducated starting on 10-31-25 and until completion by staff development on reporting requirements, abuse definitions including injuries of unknown source, and proper documentation standards. IV. Quality Assurance & Monitoring The Director of Nursing or designee will audit all incident reports daily to ensure that all allegations of Abuse, Neglect, Exploitation, misappropriation of resident property and injury of unknown source are investigated thoroughly and reported in timely manner. The audit findings of all incidents reported by the DON and/or designee to monthly QAPI, and quarterly QA to Committee meetings. The Administrator is responsible for oversight and ensuring sustained compliance. The QAA committee will review the effectiveness of the implemented corrective actions and determine if further action is needed. If necessary, the QAA committee will make adjustments to protocols or corrective actions to ensure continued compliance and improvement.	

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F0609 SS = D	Continued from page 2 A review of Resident #1's "Weekly [redacted] Evaluation – V3" with an "Effective Date: [redacted] 12:23" revealed under "4. Integrity...Description.. [redacted]". A review of Resident #1's "[redacted] Results Report" with an "Examination Date: [redacted] 18:19" revealed under "INTERPRETATION:...IMPRESSION:... [redacted] at the [redacted] of the [redacted]." A review of Resident #1's Order Summary Report (OSR) with active orders as of [redacted] revealed an order for [redacted]) consult with [redacted] dated [redacted] A review of Resident #1's Progress Notes (PNs) dated [redacted] at 6:25 A.M. revealed, "There is a [redacted] at the base of the [redacted]....[Doctor] notified. Awaiting return response." A PN dated [redacted] at 11:20 A.M. revealed "orders obtained consult [redacted]". A PN dated [redacted] at 2:26 P.M. revealed, "New orders from [redacted] appointment [redacted] on [redacted] may remove for [redacted] A review of Resident #1's Care Plan (CP) revealed a focus, with an initiation date of [redacted], of "[Resident #1] has [redacted] with [redacted] d/t (due to) [redacted], [redacted] [redacted] and [redacted]." A review of a facility provided document titled "REPORTABLE EVENT RECORD/REPORT" dated [redacted] revealed under "Today's Date" [redacted] and under "Narrative: 3)" that the physician, power of attorney and the ombudsman were notified. In a 10/30/2025 interview at 10:11 A.M. Certified Nursing Assistant #1 (CNA #1) stated she provided care to Resident #1 on [redacted] during the 3 P.M. to 11P.M. shift, specifically around 7P.M. She further stated that she and another CNA changed Resident #1 for bed. CNA #1 stated "nothing was wrong with [redacted] on the [redacted] In a 10/30/2025 interview at 11:23 A.M., Licensed Practical Nurse #1 (LPN #1) stated that CNA #2 came to her on [redacted] and reported Resident #1's [redacted] on their [redacted] had [redacted]. LPN #1 further stated that when she saw Resident #1's [redacted] but as the day went on the [redacted]. In a 10/30/2025 interview at 11:44 A.M., when questioned about the reporting of the [redacted]	F0609		

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AUTUMN LAKE HEALTHCARE AT OCEANVIEW	2721 ROUTE 9 , OCEAN VIEW, New Jersey, 08230

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F0609 SS = D	Continued from page 3 NJ Exec Or the U.S. FOIA (b) (6)) stated, “Well [Resident #1] is NJ Ex Order 26.4(b) with care. I believe it was when they were getting NJ Ex Order 26.4(b)(1). Probably the 3-11 shift, mostly because at that time before bed [Resident #1] was NJ Ex Order 26.4(b)(1)…” The surveyor asked if the NJ Ex Order 26.4(b)(1) was reported to the New Jersey Department of Health and the U.S. FOIA replied, “No we did not report to the state because it's not necessarily NJ Ex Order 26.4(b)(1) because [Resident #1] was noted in PCC (Point Click Care the electronic medical record) to be NJ Ex Order 26.4(b)(1) at that time. We assumed it was from this NJ Exec Order 26.4b She further stated, “For us it wasn’t of NJ Ex Order 26.4(b)(1).” In an 10/30/2025 interview at 3:34 P.M., with the U.S. FOIA and the U.S. FOIA (b) (6)), the U.S. FOIA stated Resident #1 had signs and symptoms of a NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b)(1) and that during the investigation she did not check other residents on the same unit or assignment for NJ Ex Order 2 to rule out NJ Ex Order The U.S. FOIA explained she did obtain statements from the staff on NJ Ex Order 26.4(b)(1) but she was unsure of what shifts provided statements. The U.S. FOIA stated “the NJ Ex Or was the weekend, so on Monday when management came back to work, we had everyone write statements. The statements are talking about previous encounters in general.” The U.S. FOIA further stated that NJ Ex Order was ruled out since Resident #1 had a note of NJ Ex Order 26.4(b)(1) from the NJ Ex Or and NJ Ex Order 26.4(b)(1) were reported. The U.S. FOIA went on to say, “Yes, we did a thorough and complete investigation. We don’t see it as an NJ Ex Order 26.4(b)(1) ….” A review of the facility’s undated policy titled “Abuse, Neglect and Exploitation” revealed under “IV. Identification of Abuse, Neglect and Exploitation A. The facility will have written procedures to assist staff in identifying the different types of abuse – mental/verbal abuse, sexual abuse, physical abuse…, and under “B. Possible indicators of abuse include, but are not limited to…2. Physical marks such as bruises… A further review revealed under “V. Investigation of Alleged Abuse, Neglect and Exploitation, A. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. B. Written procedures for investigation include…5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and 6. Providing complete and thorough documentation of the investigation.” A review of the facility's undated policy titled “Reporting Abuse to State Agencies and Other	F0609		

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AUTUMN LAKE HEALTHCARE AT OCEANVIEW	**2721 ROUTE 9 , OCEAN VIEW, New Jersey, 08230**

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F0609 SS = D	Continued from page 4 Entities/Individuals" revealed under "Policy Interpretation and Implementation: Should a suspected violation or substantiated incident of all [sic] alleged violation of abuse.…Including injuries of unknown source….Should be reported to any covered individual including the facility administrator, or his/her designee, owner operator, employee, manager, agent, or contractor will promptly notify the following persons or agencies (verbally and written) of such incident. The Department of Health, The State Ombudsman, The Resident's Representative, The Resident's Attending Physician, Others as deemed appropriate…". NJAC 8:39-9.4(f)	F0609		

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S0000	Initial Comments COMPLAINT #: 2649488, 2597199 CENSUS: 107 SAMPLE SIZE: 3 The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long-Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S0000		11/24/2025
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 #: 2649488, 2597199 Based on review of facility documents on 10/30/2025, 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 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	S0560	CORRECTIVE ACTION: Efforts to hire facility staff will continue until there is adequate staff to serve all residents. Until that time, facility will utilize staffing agencies to fill any open spots in the schedule. IDENTIFICATION OF THE RESIDENTS AT RISK: All residents have the potential to be at risk for deficient practice. SYSTEMIC CHANGE: The facility has contracted with a new portal online to hire more facility staff. Hiring and recruitment efforts including wage analysis and adjustments. The facility utilizes a new portal that is monitored by the facility staffing coordinator and director of nursing that is updated by a remote team that assists with filling shifts in real time when needed for changes and or call outs twenty four hours a day and 7 days a week and notifies of pick ups. Pay for experience, shift differentials and referral bonuses are being utilized to become more competitive in the marketplace. Open shifts are posted in advance for facility staff and agency staff to pick up to help comply with staffing ratios. Bonuses are offered to	11/24/2025

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: 060505	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/30/2025

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S0560	Continued from page 1 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 Complaint staffing from 10/12/2025 to 10/25/2025, the facility was deficient in CNA staffing for residents on 1 of 14 day shifts as follows: On 10/22/25 had 13 CNAs for 110 residents on the day shift, required at least 14 CNAs.	S0560	Continued from page 1 facility staff and agency staff to incentivize working open shifts. Facility has teamed up with multiple new staffing agencies in an effort to meet staffing ratios appropriately. In addition, the Director of Nursing will meet daily with the staffing coordinator to ensure appropriate staffing. QUALITY ASSURANCE: The Director of Nursing or designee will review staffing schedules daily to ensure adequate staffing for all shifts. Findings from the review will be reported to the Administrator. Any issue from the findings will be addressed immediately. The results of the staffing review will be submitted to the QA/QAPI Committee quarterly until compliance is met. The QA/QAPI Committee meets quarterly.	

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AUTUMN LAKE HEALTHCARE AT OCEANVIEW	**2721 ROUTE 9 , OCEAN VIEW, New Jersey, 08230**

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/15/2025 in relation to the 10/30/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		11/24/2025

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 12/15/2025 in relation to the 10/30/2025 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		11/24/2025

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