

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315423	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/19/2025
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NAME OF PROVIDER OR SUPPLIER HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAMILTON AVE , HAMILTON, New Jersey, 08619
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F0000	<p>INITIAL COMMENTS</p> <p>A Complaint Survey was conducted on 09/29/25-09/30/25.</p> <p>Complaint #: NJ002601772, NJ00422130, NJ00422131, NJ00422124, and NJ00422121.</p> <p>Survey Census: 209</p> <p>Sample Size: 11</p> <p>THE FACILIY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>	F0000		
F0760 SS = D	<p>Residents are Free of Significant Med Errors</p> <p>CFR(s): 483.45(f)(2)</p> <p>The facility must ensure that its-</p> <p>§483.45(f)(2) Residents are free of any significant medication errors.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interviews, record review, facility document review, and facility policy review, the facility failed to ensure one of three residents (Resident (R) 2) sampled for medication errors, was free from significant medication errors of 11 sample residents. Specifically, R2 was administered another resident's medications. This continued practice fails to protect residents from receiving the wrong medications that could result in significant harm.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, " Medication Administration," dated 09/25, revealed "It is the policy of the facility to administer medications according to accepted standards of practice...Medication and treatment errors and/or undesirable effects are to be immediately reported to the attending physician, and the resident will be monitored. A medication/treatment error report will be turned in to the nursing office as part of the quality assurance program...Prepare all meds</p>	F0760	<p>F0760 Residents are Free of Significant Med Errors</p> <p>12/22/2025</p> <p>What corrective action(s) will be accomplished for the residents found to have been affected by the deficient practice.</p> <p>Resident R2 no longer resides in the facility. Resident R2 was sent to the hospital on ^{NJ Ex Order 26.4(b)(1)} after having ^{NJ Ex Order 26.4(b)(1)}, and ^{NJ Ex Order 26.4(b)(1)}, an ^{NJ Ex Order 26.4(b)(1)}) was performed, ^{NJE} was evaluated by a ^{NJ Ex Order 26.4(b)(1)} and was cleared as ^{NJ Exec Ord} for discharge.</p> <p>How will you identify other residents having the potential to be affected by the deficient practice and what corrective action will be taken?</p> <p>All residents who reside in the facility have the potential to be affected by the deficient practice.</p> <p>A comprehensive review of all the residents that agency nurse (Licensed practical Nurse 1) was assigned to on 07/04/2025 was conducted by the Director of Nursing and no other significant medication errors were reported or discovered. Licensed practical Nurse 1's agency was immediately notified of the medication error and education on how to ensure the right resident receives the right medication per the facility's medication</p>	12/22/2025

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
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F0760 SS = D	<p>Continued from page 1 for the resident as ordered for the time it is due. Take meds to the resident after identifying the resident correctly. This can be accomplished by asking the resident his/her name or checking their Identification (ID) band."</p> <p>Review of R2's undated "Admission Record" located under the "Profile" tab of the electronic medical record (EMR) revealed R2 was admitted on [redacted] with diagnoses including NJ Ex Order 26.4(b)(1) [redacted], NJ Ex Order 26.4(b)(1) [redacted] and NJ Ex Order 26.4(b)(1) [redacted] and was transferred to the hospital on [redacted] for NJ Ex Order 26.4(b)(1) [redacted].</p> <p>Review of R2's admission "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [redacted] and located under the "MDS" tab of the EMR, revealed a "Brief Interview for Mental Status (BIMS)" score of [redacted] out of 15 which indicated R2 was [redacted]. R2 exhibited NJ Ex Order 26.4(b)(1) [redacted] including NJ Ex Order 26.4(b)(1) [redacted].</p> <p>Review of R2's "Facility Reportable Event," dated [redacted] provided by the facility, revealed "on [redacted] at approximately 4:40 PM, Agency Nurse [redacted] [Licensed Practical Nurse (LPN) 1], administered NJ Ex Order 26.4(b)(1) [redacted] [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) [redacted] and NJ Ex Order 26.4(b)(1) [redacted] to [R2]. [LPN1] administered the medication intended for another resident to [R2] [redacted] [R2] developed NJ Ex Order 26.4(b)(1) [redacted] or NJ Ex Order 26.4(b)(1) [redacted] requiring hospitalization for NJ Ex Order 26.4(b)(1) [redacted]. [LPN1] provided the facility with a statement acknowledging that she did not inform the supervisor on duty or inform the [redacted] that she administered the wrong medication to the wrong resident."</p> <p>Review of the "Progress Notes" located under the "Progress Notes" tab of the EMR and "Medication Administration Records (MAR)" located under the "Orders" tab of the EMR revealed the medication error was not documented. LPN1 was not available for an interview.</p> <p>During an interview on 09/30/25 at 7:45 AM, Certified</p>	F0760	<p>Continued from page 1 administration policy provided to Licensed practical Nurse 1.</p> <p>What measures will be put into place or what systemic changes you make to ensure that the deficient practice does not recur?</p> <p>The facility policy "Medication Administration" policy dated 09/2025 was reviewed by the Licensed Nursing Home Administrator and the Director of Nursing and determined no revisions or updates were necessary at this time.</p> <p>The Licensed Nurse Agency orientation packet was reviewed by the Licensed Nursing Home Administrator and Director of Nursing and was updated to include the facility medication administration policy that states "Take medications to the resident after identifying the resident correctly. This can be accomplished by asking the resident his/her name or checking their identification band". The medication administration policy also states "Medication and treatment errors and/or undesirable effects are to be immediately reported to the attending physician, and the resident will be monitored. A medication/treatment error report will be turned into the nursing office as part of the quality assurance program".</p> <p>Licensed Nursing staff have been re-educated by the Director of Nursing or Assistant Director of Nursing on how to prevent medication errors with emphasis on properly identifying the resident and what to do immediately if a medication error is discovered per the facility policy titled "Medication Administration".</p> <p>Medication pass observations for current licensed staff have been conducted by the facility pharmacy consultant or Staff Educator.</p> <p>A facility wide audit has been conducted by the Director of Nursing or Assistant Director of Nursing of all residents to ensure that they have identification bands (if the resident allows) and current photos (if the resident allows) in their electronic health record.</p> <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e. What</p>	

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F0760 SS = D	<p>Continued from page 2</p> <p>Nurse Aide (CNA) 1 stated she had just come into work when R2's family asked if they could [NJ Ex Order 26.4(b)(1)], the nurse spoke to the family and CNA1 went back to work. CNA1 stated that LPN1 did not ask her to identify the R2 and CNA1 did not witness the administration of the medication.</p> <p>During an interview on 09/30/25 at 9:30 AM, [US FOIA (b)(6)] was questioned if he was familiar with R2 and [NJ Ex] past history. [US FO] responded that he had taken care of R2 in the hospital. [US FO] stated that R2 was a [NJ Ex Order 26.4(b)(1)], with a history of [NJ Ex Order 26.4(b)(1)], [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)] and [US FO] was questioned if he was notified of the medication error or [NJ Ex Order 26.4(b)(1)] [US FO] responded that his team was made aware on [NJ Ex Order 26.4(b)(1)] of R2 having [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)], and [NJ Ex] was sent to the hospital. He stated the hospital notified him of a possible medication error. [US FO] was questioned in his opinion, did the medication error have caused the [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)] in the R2's condition. [US FO] stated that it was merely speculation and that he did not believe the medication errors had caused [NJ Ex Order 26.4(b)(1)]. The [US FO] stated because R2 was [NJ Ex Order 26.4(b)(1)], there was a possibility of [NJ Ex Order 26.4(b)(1)] and was on [NJ Ex Order 26.4(b)(1)] for [NJ Ex Order 26.4(b)(1)] and had a diagnosis of [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4(b)(1)] prior to incident. [US FO] added that R2 was discharged to another facility on [NJ Ex Order 26.4(b)(1)] from the hospital. He stated R2 was [NJ Ex Order 26.4(b)(1)] [NJ Ex] had an [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4(b)(1)], evaluated by [NJ Ex Order 26.4(b)(1)], and was cleared as [NJ Ex Order 26.4(b)(1)] for discharge.</p> <p>During an interview on 09/30/25 at 2:35 PM, Registered Nurse (RN) 1 (also the [US FOIA (b)(6)] for the [NJ Ex Order 26.4(b)(1)] Unit) was questioned when she was made aware of the medication error. RN1 stated that the [US FOIA (b)(6)] made her aware of [NJ Ex Order 26.4(b)(1)], not sure when [US FOIA (b)(6)] was made aware. RN1 stated the initial actions were to contact the Agency where LPN1 was employed and started providing education to nurses concerning the rights of medications, to report medication errors immediately, and monitor the residents. She stated the agency requested facility to develop an orientation packet specific to the facility for their agency nurses.</p> <p>During an interview on 09/30/25 at 5:11 PM, the [US FOIA (b)(6)] was questioned when she had been notified of R2's medication error. [US FOIA (b)(6)] responded that the [US FOIA (b)(6)] notified her when she arrived at the facility on [NJ Ex Order 26.4(b)(1)]. The facility was unaware of the incident until the morning of [NJ Ex Order 26.4(b)(1)] and the [US FOIA (b)(6)] was notified by the hospital. [US FOIA (b)(6)] was</p>	F0760	<p>Continued from page 2</p> <p>quality assurance program will be put into place?</p> <p>The Director of Nursing or designee will conduct 2 medication pass observations weekly x 4 weeks, then monthly x 2 months to ensure that licensed staff are correctly identifying the resident before administering medications.</p> <p>The results of these observations will be presented and reviewed at the quarterly Quality Assurance meeting x 2 quarters to determine the need for further monitoring.</p>	

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F0760 SS = D	Continued from page 3 asked what the facility did immediately after being informed of incident. U.S. FOIA (b) responded "we started an investigation immediately; there was no documentation from LPN1 for administering the wrong medications. I interviewed the nurse involved who would not state what caused her to administer the wrong medication. We (facility) would've had no idea if facility had not interviewed the nurse."	F0760					

New Jersey State Department of Health

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S0000	Initial Comments A Complaint Survey was conducted on 09/29/25-09/30/25. Complaint #: NJ002601772, NJ00422130, NJ00422131, NJ00422124, and NJ00422121. Survey Census: 209 Sample Size: 11 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		
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, 09/30/2025, it was determined that the facility failed to ensure staffing ratios were met for 11 weeks of day shifts reviewed. This deficient practice had the potential to affect all residents. The deficient practice was evidenced by the following: 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	S0560	How will corrective action be accomplished for those individual residents found to be affected by the deficient practice? There were no residents identified to have been affected by the deficient practice of not meeting the NJ staffing requirements during the 7:00AM-3:00PM shifts on the dates of 02/09/25, 02/10/25, 02/11/25, 02/12/25, 02/13/25, 02/14/25, 02/15/25, 04/06/25, 04/07/25, 04/08/25, 04/09/25, 04/10/25, 04/11/25, 04/12/25, 06/01/25, 06/02/25, 06/03/25, 06/04/25, 06/05/25, 06/06/25, 06/07/25, 06/29/25, 06/30/25, 07/01/25, 07/02/25, 07/03/25, 07/04/25, 07/05/25, 08/24/25, 08/25/25, 08/26/25, 08/27/25, 08/28/25, 08/29/25, 08/30/25, 09/14/25, 09/15/25, 09/16/25, 09/17/25, 09/18/25, 09/19/25, 09/20/25, 09/21/25, 09/22/25, 09/23/25, 09/24/25, 09/25/25, 09/26/25, and 09/27/25. A review of the care provided on the day shift of those dates identified revealed no complaints or grievances related to care that were reported on these dates on the day shift.	12/22/2025

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1 established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>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.</p> <p>1. For the week of Complaint staffing from 02/09/2025 to 02/15/2025, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts, and was deficient in total staff for residents on 1 of 7 overnight shifts as follows:</p> <p>-02/09/25 had 12 CNAs for 196 residents on the day shift, required at least 24 CNAs.</p> <p>-02/10/25 had 16 CNAs for 195 residents on the day shift, required at least 24 CNAs.</p> <p>-02/10/25 had 13 total staff for 195 residents on the overnight shift, required at least 14 total staff.</p> <p>-02/11/25 had 19 CNAs for 195 residents on the day shift, required at least 24 CNAs.</p> <p>-02/12/25 had 12 CNAs for 192 residents on the day shift, required at least 24 CNAs.</p> <p>-02/13/25 had 17 CNAs for 191 residents on the day shift, required at least 24 CNAs.</p> <p>-02/14/25 had 14 CNAs for 191 residents on the day shift, required at least 24 CNAs.</p> <p>-02/15/25 had 15 CNAs for 191 residents on the day shift, required at least 24 CNAs.</p> <p>2. For the week of Complaint staffing from 04/06/2025 to 04/12/2025, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>-04/06/25 had 15 CNAs for 196 residents on the day shift, required at least 24 residents.</p>	S0560	<p>Continued from page 1 How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>The deficient practice has the potential to affect all residents residing in the facility.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice will not recur?</p> <p>The Staffing Coordinator has been re-educated by the Licensed Nursing Home Administrator on the State of New Jersey Staffing requirement as follows: One Certified Nursing Assistant per 8 residents on the 7-3 shift, one direct care staff per 10 residents on 3-11 shift and one direct care staff per 14 residents on 11-7 shift.</p> <p>The following measures have been put into place to prevent the deficient practice from recurring:</p> <p>The facility currently has 2 nursing agency contracts which it can utilize to fill vacancies and cover callouts.</p> <p>The facility offers bonuses as needed for staffing challenges.</p> <p>Referral and sign-on bonuses are offered for employees and new hires.</p> <p>The call out policy has been reviewed, and the staff have been re-educated by the Human Resource Director.</p> <p>The facility is recruiting on Indeed.</p> <p>Depending on the needs of the day, Nursing Management to include Unit Managers, Supervisors, and Assistant Director of Nursing will be evaluated to assist with resident care.</p> <p>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>Corrective actions will be monitored to ensure the deficient practice will not recur:</p>	

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S0560	<p>Continued from page 2</p> <p>-04/07/25 had 17 CNAs for 193 residents on the day shift, required at least 24 residents.</p> <p>-04/08/25 had 21 CNAs for 193 residents on the day shift, required at least 24 residents.</p> <p>-04/09/25 had 19 CNAs for 193 residents on the day shift, required at least 24 residents.</p> <p>-04/10/25 had 19 CNAs for 193 residents on the day shift, required at least 24 residents.</p> <p>-04/11/25 had 16 CNAs for 193 residents on the day shift, required at least 24 residents.</p> <p>-04/12/25 had 15 CNAs for 193 residents on the day shift, required at least 24 residents.</p> <p>3. For the week of Complaint staffing from 06/01/2025 to 06/07/2025, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>-06/01/25 had 12 CNAs for 199 residents on the day shift, required at least 25 CNAs.</p> <p>-06/02/25 had 18 CNAs for 199 residents on the day shift, required at least 25 CNAs.</p> <p>-06/03/25 had 19 CNAs for 199 residents on the day shift, required at least 25 CNAs.</p> <p>-06/04/25 had 18 CNAs for 199 residents on the day shift, required at least 25 CNAs.</p> <p>-06/05/25 had 19 CNAs for 205 residents on the day shift, required at least 26 CNAs.</p> <p>-06/06/25 had 15 CNAs for 205 residents on the day shift, required at least 26 CNAs.</p> <p>-06/07/25 had 17 CNAs for 205 residents on the day shift, required at least 26 CNAs.</p> <p>4. For the week of Complaint staffing from 06/29/2025 to 07/05/2025, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>-06/29/25 had 15 CNAs for 202 residents on the day shift, required at least 25 CNAs.</p> <p>-06/30/25 had 19 CNAs for 199 residents on the day</p>	S0560	<p>Continued from page 2</p> <p>The Director of Nursing or Designee will conduct monthly staffing schedule audits.</p> <p>The Director of Nursing or Designee will report audit findings to the Licensed Nursing Home Administrator. The Licensed Nursing Home Administrator or Designee will analyze and trend findings and report outcomes quarterly to the Quality Assurance Committee for the next meeting, with follow-up to recommendations, as necessary.</p>	

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NAME OF PROVIDER OR SUPPLIER HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAMILTON AVE , HAMILTON, New Jersey, 08619	
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S0560	<p>Continued from page 3 shift, required at least 25 CNAs.</p> <p>-07/01/25 had 19 CNAs for 197 residents on the day shift, required at least 25 CNAs.</p> <p>-07/02/25 had 20 CNAs for 197 residents on the day shift, required at least 25 CNAs.</p> <p>-07/03/25 had 17 CNAs for 197 residents on the day shift, required at least 25 CNAs.</p> <p>-07/04/25 had 18 CNAs for 197 residents on the day shift, required at least 25 CNAs.</p> <p>-07/05/25 had 17 CNAs for 197 residents on the day shift, required at least 25 CNAs.</p> <p>5. For the week of Complaint staffing from 08/24/2025 to 08/30/2025, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>-08/24/25 had 15 CNAs for 206 residents on the day shift, required at least 26 CNAs.</p> <p>-08/25/25 had 19 CNAs for 204 residents on the day shift, required at least 25 CNAs.</p> <p>-08/26/25 had 20 CNAs for 204 residents on the day shift, required at least 25 CNAs.</p> <p>-08/27/25 had 18 CNAs for 204 residents on the day shift, required at least 25 CNAs.</p> <p>-08/28/25 had 19 CNAs for 204 residents on the day shift, required at least 25 CNAs.</p> <p>-08/29/25 had 17 CNAs for 204 residents on the day shift, required at least 25 CNAs.</p> <p>-08/30/25 had 17 CNAs for 206 residents on the day shift, required at least 26 CNAs.</p> <p>6. For the 2 weeks of staffing prior to survey from 09/14/2025 to 09/27/2025, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-09/14/25 had 19 CNAs for 209 residents on the day shift, required at least 26 CNAs.</p> <p>-09/15/25 had 18 CNAs for 209 residents on the day shift, required at least 26 CNAs.</p>	S0560		

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061103	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/19/2025
NAME OF PROVIDER OR SUPPLIER HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAMILTON AVE , HAMILTON, New Jersey, 08619	
(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
S0560	Continued from page 4 -09/16/25 had 19 CNAs for 209 residents on the day shift, required at least 26 CNAs. -09/17/25 had 20 CNAs for 209 residents on the day shift, required at least 26 CNAs. -09/18/25 had 17 CNAs for 209 residents on the day shift, required at least 26 CNAs. -09/19/25 had 21 CNAs for 209 residents on the day shift, required at least 26 CNAs. -09/20/25 had 18 CNAs for 209 residents on the day shift, required at least 26 CNAs. -09/21/25 had 15 CNAs for 209 residents on the day shift, required at least 26 CNAs. -09/22/25 had 16 CNAs for 208 residents on the day shift, required at least 26 CNAs. -09/23/25 had 18 CNAs for 206 residents on the day shift, required at least 26 CNAs. -09/24/25 had 16 CNAs for 206 residents on the day shift, required at least 26 CNAs. -09/25/25 had 21 CNAs for 206 residents on the day shift, required at least 26 CNAs. -09/26/25 had 19 CNAs for 206 residents on the day shift, required at least 26 CNAs. -09/27/25 had 18 CNAs for 207 residents on the day shift, required at least 26 CNAs.	S0560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315423	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/16/2026
NAME OF PROVIDER OR SUPPLIER HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAMILTON AVE , HAMILTON, New Jersey, 08619	
(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	<p>INITIAL COMMENTS</p> <p>An offsite/desk review of the facility's Plan of Correction was conducted on 01/16/2026 in relation to the 09/30/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p>	F0000		

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 State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061103	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/16/2026
NAME OF PROVIDER OR SUPPLIER HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAMILTON AVE , HAMILTON, New Jersey, 08619	
(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
S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 01/16/2026 in relation to the 09/30/2025 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		

Office of Primary Care and Health Systems Management

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