

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315423</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>02/27/2026</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAMILTON GROVE HEALTHCARE AND REHABILITATION, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>2300 HAMILTON AVE , HAMILTON, New Jersey, 08619</b>	
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F0000	INITIAL COMMENTS  COMPLAINT #: 2788031  CENSUS: 211  SAMPLE SIZE: 4  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		04/13/2026
F0689 SS = D	Free of Accident Hazards/Supervision/Devices  CFR(s): 483.25(d)(1)(2)  §483.25(d) Accidents.  The facility must ensure that -  §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is NOT MET as evidenced by:  Complaint #: 2788031  Based on interviews, record reviews, and review of other pertinent documentation, it was determined that the facility failed to ensure that a [redacted] received [redacted] as ordered and failed to develop interventions to ensure that the resident did not receive [redacted] that were inconsistent with their ordered [redacted]. This deficient practice was identified for 1 of 3 residents (Resident #2) reviewed for accuracy and was evidenced by the following:	F0689	Resident #2's physician has been notified that the resident may have been given a [redacted] that was provided by a family member or [redacted] that was not consistent with the [redacted] order of [redacted]. An incident/accident report has been completed by the [redacted] U. S. FOIA (b) (2). Resident #2's family member has been educated to not bring [redacted] from the outside due to the [redacted]. Resident #2's care plan has also been updated. Registered Nurse #1 was immediately educated by the Director of Nursing to notify the physician promptly after a resident receives any food or drink that is not consistent with the diet order and to complete an incident report so it can be thoroughly investigated.  All residents who reside in the facility who have diet orders for thick liquids have the potential to be affected by the deficient practice.  The policy titled "Risk Management Incident/Accident" has been reviewed by the Administrator and Director of Nursing and determined no revisions were necessary at this time. The facility staff educator or designee has educated licensed nursing staff on the facility policy of notifying the physician promptly if a resident receives liquids that are inconsistent with the diet order, to update the care plan and to initiate an	04/13/2026

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

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<p>F0689 SS = D</p>	<p>Continued from page 1</p> <p>Resident #2 was no longer in the facility; a closed record review was conducted.</p> <p>A review of the Admission Record (AR) for Resident #2, revealed that the resident was admitted with diagnoses including but not limited to: [REDACTED]</p> <p>A review of the resident's quarterly Minimum Data Set (MDS), an assessment tool dated [REDACTED] revealed that Resident #2 had a Brief Interview for Mental Status score of [REDACTED] which indicated that the resident was unable to complete the assessment interview. The MDS revealed that Resident #2 had [REDACTED] and had [REDACTED] skills for [REDACTED].</p> <p>A review of the physician orders (POs) for Resident #2 revealed an order for [REDACTED]. The order start date was [REDACTED].</p> <p>A review of the care plan (CP) for Resident #2 was conducted. The CP revealed a focus, initiated on [REDACTED], that the resident was at risk for [REDACTED] and did not want to be assisted by stair during [REDACTED]. Interventions included but were not limited to: monitor for signs and symptoms [REDACTED].</p> <p>The progress notes (PNs) for Resident #2 were reviewed. A PN dated [REDACTED], revealed that Resident #2's family member (FM) brought a [REDACTED] into the facility from outside and asked Registered Nurse (RN) #1 if it was alright to give it to the resident. RN #1 informed the FM that Resident #2 was supposed to receive [REDACTED] and the FM stated that the [REDACTED] looked alright and that the resident was only going to have a taste. The PN further revealed that the cup of</p>	<p>F0689</p>	<p>Continued from page 1 incident report so it can be thoroughly investigated.</p> <p>The Director of Nursing or designee will review the progress notes daily x 2 weeks, then weekly x 4 weeks and then monthly x 3 months for residents who have diet orders for thick liquids to ensure that no liquids that are inconsistent with the diet order were brought in by family members, that the physician was notified, the care plan was updated and an incident report was completed. The results of these audits will be presented and reviewed at the Quarterly Quality Assurance meeting to determine the need for ongoing monitoring.</p>	<p>04/13/2026</p>

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<p>F0689 SS = D</p>	<p>Continued from page 2                  [redacted] contained approximately [redacted] of [redacted] and that RN #1 did not witness the [redacted] being given to Resident #2. The PN did not reveal that RN #1 followed up with Resident #2's FM to determine of the [redacted] was given to the resident, or with the resident's physician to inform them of the potential concern.</p> <p>On 02/27/2026 at 11:03 AM, the [redacted] U. S. FOIA (b) (2) informed the surveyor that there were no incident/accident reports for Resident #2 regarding FMs bringing in [redacted] NJ Ex Order 26.4(b)(1) for the resident on [redacted] NJ Ex Order 26.4(b)(1).</p> <p>An interview was conducted with RN #1 on 02/27/2026 at 12:13PM. RN #1 stated that on 02/21/2026 Resident #2's FM showed her a [redacted] NJ Ex Order 26, 4B1 and asked about giving it to Resident #2. RN #1 stated that she informed the FM that the [redacted] NJ Ex Order 26, 4B1 with the PO for Resident #2. RN #1 further stated that she did not know if the [redacted] NJ Ex Order 26, 4B1 was given to Resident #2 or how much was given.</p> <p>During a follow up interview on 02/27/2026 at 3:15 PM, RN #1 stated that she did not follow up with Resident #2's FM to find out if Resident #2 was given any of the [redacted] NJ Ex Order 26, 4B1 RN #1 further stated that she did not notify the resident's physician, RN #1 could not identify a reason why she did not notify the resident's physician.</p> <p>An interview was conducted with Unit Manager (UM) #1 on 02/27/2026 at 3:41 PM. The 02/21/2026 11:40 PN by RN #1 was reviewed. UM #1 stated that the FM should have been educated and the resident's physician should have been notified. UM #1 stated that there was no documentation that a physician was notified that the resident was given the [redacted] NJ Ex Order 26, 4B1. UM #1 further stated that the [redacted] U. S. FOIA (b) (2) or U. S. FOIA (b) (2) were responsible for updating the resident's CP with any new interventions.</p> <p>An interview was conducted with the [redacted] U. S. FOIA (b) (2) on 02/27/2026 at 3:57 PM. The [redacted] U. S. FOIA (b) (2) stated Resident #2 was ordered [redacted] NJ Ex Order 26.4(b)(1) because the resident had [redacted] NJ Ex Order 26, 4B1, and to prevent [redacted] NJ Ex Order 26, 4B1. The [redacted] U. S. FOIA (b) (2) stated that the usual process when outside food was brought in, was for FMs to have the food checked by a nurse. The [redacted] U. S. FOIA (b) (2) stated that the food was</p>	<p>F0689</p>		<p>04/13/2026</p>

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F0689 SS = D	<p>Continued from page 3 checked by a nurse for safety reasons, to ensure that it met with the resident's ordered diet, and to make sure that "nothing" happened.</p> <p>The [U.S. FOIA] stated that if a resident's family brought in outside food, it should be added to the resident's CP because the resident had [NJ Ex Order 26, 4B1], and outside food may not have been appropriate. The [U.S. FOIA] stated that the CP was to guide care and to make sure care was appropriate and timely.</p> <p>During the same interview the [U.S. FOIA] stated that if the nurse knew for sure that Resident #2 received the [NJ Ex Order 26, 4B1], the resident's physician should have been notified. The [U.S. FOIA] stated that in general, a family meeting to educate FMs could be held. The [U.S. FOIA] stated that this was not done after the 02/21/2026 incident. When asked what was done to prevent a similar incident from happening again, the [U.S. FOIA] responded that there was no measure put into place to prevent this from happening again.</p> <p>The facility policy, "Risk Management Incident/Accident" with an effective date of February 2015 and a review date of September 2025 was reviewed. Under, "Policy" the policy revealed that facility staff would document all accidents, incidents and unusual occurrences experienced by residents in the facility's electronic medical record. Under, "Purpose," the policy revealed that the purpose of the procedure was to provide guidelines for assessing a resident after an accident or incident and to assist in identifying its cause. Under, "Procedure," the facility policy revealed that all incidents and accidents must be reported to the Nursing Supervisor immediately to ensure timely assessment of the resident. This section of the facility policy revealed that the attending physician should be notified of all incidents and accidents. This section of the facility policy further revealed that the DON will investigate incidents or accidents and ensure completeness of the reports.</p> <p>NJAC 8:39-27.1(a)</p>	F0689		04/13/2026

New Jersey Department of Health

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S0000	Initial Comments  COMPLAINT #: 2788031  CENSUS: 211  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		04/13/2026
S0560	Mandatory Access to Care  CFR(s): 8:39-5.1(a)  The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.  This LICENSURE REQUIREMENT is NOT MET as evidenced by:  Complaint #: 2788031  Based on interviews and review of facility documents on 03/09/2026, it was determined that the facility failed to ensure staffing ratios were met for 13 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.	S0560	1. There were no residents identified to have been affected by the deficient practice of not meeting the New Jersey staffing requirements during the 7:00AM-3:00PM shifts on the dates of 02/08/2026, 02/09/2026, 02/11/2026, 02/12/2026, 02/13/2026, 02/14/2026, 02/15/2026, 02/16/2026, 02/17/2026, 02/18/2026, 02/19/2026, 02/20/2026, and 02/21/2026. 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.  2.The deficient practice has the potential to affect all residents residing in the facility.  3.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.  The following measures have been put into place to prevent the deficient practice from recurring:	04/13/2026

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1</p> <p>30:13-18 (the Act), which 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>For the 2 weeks of staffing prior to complaint survey from 02/08/2026 to 02/21/2026, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows:</p> <p>On 02/8/2026 had 18 CNAs for 204 residents on the day shift, required at least 25 CNAs.</p> <p>On 02/09/2026 had 21 CNAs for 203 residents on the day shift, required at least 25 CNAs.</p> <p>On 02/11/2026 had 23 CNAs for 203 residents on the day shift, required at least 25 CNAs.</p> <p>On 02/12/2026 had 24 CNAs for 203 residents on the day shift, required at least 25 CNAs.</p> <p>On 02/13/2026 had 22 CNAs for 208 residents on the day shift, required at least 26 CNAs.</p> <p>On 02/14/2026 had 21 CNAs for 208 residents on the day shift, required at least 26 CNAs.</p> <p>On 02/15/2026 had 17 CNAs for 208 residents on the day shift, required at least 26 CNAs.</p> <p>On 02/16/2026 had 24 CNAs for 208 residents on the day shift, required at least 26 CNAs.</p> <p>On 02/17/2026 had 24 CNAs for 208 residents on the day shift, required at least 26 CNAs.</p> <p>On 02/18/2026 had 25 CNAs for 208 residents on the day shift, required at least 26 CNAs.</p> <p>On 02/19/2026 had 24 CNAs for 207 residents on the day shift, required at least 26 CNAs.</p>	S0560	<p>Continued from page 1</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 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>4. Corrective actions will be monitored to ensure the deficient practice will not recur:</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 trend findings and report outcomes quarterly to the Quality Assurance Committee for the next meeting, with follow-up to recommendations, as necessary.</p>	04/13/2026

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S0560	Continued from page 2 On 02/20/2026 had 21 CNAs for 204 residents on the day shift, required at least 25 CNAs.  On 02/21/2026 had 20 CNAs for 204 residents on the day shift, required at least 25 CNAs.	S0560		04/13/2026

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F0000	INITIAL COMMENTS  An offsite/desk review of the facility's Plan of Correction was conducted on 04/22/2026 in relation to the 02/27/2026 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		

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S0000	Initial Comments  An offsite/desk review of the facility's Plan of Correction was conducted on 04/22/2026 in relation to the 02/27/2026 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		

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