| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315519 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/24/2025 |
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| **SPRING HILLS POST ACUTE HAMILTON** | **3 HAMILTON HEALTH PLACE , HAMILTON, New Jersey, 08690** |

| (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 |
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| F0000 | INITIAL COMMENTS<br><br>COMPLAINT #: 2638834<br><br>CENSUS: 40<br><br>SAMPLE SIZE: 3<br><br>THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH<br><br>THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B,<br><br>FOR LONG TERM CARE FACILITIES BASED ON THIS<br><br>COMPLAINT VISIT. | F0000 | | |
| F0686<br>SS = G | Treatment/Svcs to Prevent/Heal Pressure Ulcer<br><br>CFR(s): 483.25(b)(1)(i)(ii)<br><br>§483.25(b) Skin Integrity<br><br>§483.25(b)(1) Pressure ulcers.<br><br>Based on the comprehensive assessment of a resident, the facility must ensure that-<br><br>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and<br><br>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on interviews, medical record review and review of pertinent facility documents on 10/20/2025 and 10/24/2025, it was determined that the facility failed to: a.) ensure that NJ Exec Order 26.4b1 were initially documented, assessed, and measured weekly as required by professional standards of practice; b.) implement and update care plans (CP) after a change in condition; | F0686 | F686 – Treatment/Svcs to Prevent/Heal Pressure Ulcer<br><br>What corrective action will be accomplished for those residents affected by the deficient practice?<br><br>No corrective action is required for resident #3, they have discharged from the facility. The nurses were in-serviced to ensure NJ Exec Order 26.4b1 were initially documented, assessed, and measured weekly. The nurses and unit managers were in-serviced on implementing and updating care plans after a change in condition. Nurses were in-serviced provide treatments and services to prevent NJ Exec Order 26.4b1.<br><br>How will the facility identify other residents having the potential to be affected by the same deficient practice?<br><br>All residents have the potential to be affected by this deficient practice. A skin sweep was conducted on 11/7/2025 of all residents.<br><br>What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur? | 11/10/2025 |

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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| F0686 SS = G | Continued from page 1<br>c.) provide treatment and services to prevent two facility acquired NJ Exec Order 26.4b1<br><br>A review of Resident #3's Electronic Medical Record (EMR) revealed the resident arrived to the facility with no evidence of a NJ Exec Order 26.4b1. Additional review of the EMR revealed a lack of adherence to physician orders, lack of monitoring, a failure to implement CP, and a lack of assessments resulting in Resident #3 developing a NJ Exec Order 26.4b1 within 9 days of admission.<br><br>This deficient practice occurred for 1 of 3 residents reviewed for NJ Exec Order 26.4b1 (Resident #3). This deficient practice was evidenced by the following:<br><br>A review of the Admission Record (an admission summary) reflected that Resident #3 was admitted to the facility with diagnoses that included but were not limited to; NJ Exec Order 26.4b1<br>).<br><br>A review of the admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated NJ Exec Order 26.4b1, reflected that Resident #3 had a Brief Interview for Mental Status score (BIMS) of NJ E out of 15, indicating that the resident was NJ Exec Order 26.4b1 . Section NJ Exec Orde revealed NJ Exec Order 26.4b1<br><br>A review of the the universal transfer form dated NJ Exec Order 26.4b1 revealed a NJ Exec Order 26.4b1 and did not identify any NJ Exec Order 26.4b1 when Resident #3 transferred to the facility.<br><br>Review of Resident # 3's admission assessment dated NJ Exec Order 26.4b1 revealed that NJ Exec Order 26.4b1 were identified on admission to the facility. During an interview on NJ Exec Order 26.4b1 at 1:40 P.M., the US FOIA (b)(6) stated Resident #3 did not have NJ Exec Order 26.4b1 on arrival.<br><br>A review of Resident # 3's CP reveals a focus of "Resident has a potential to develop NJ Exec Order 26.4b1 related to NJ Exec Order 26.4b1 " with an initiated date of NJ Exec Order 26.4 and an intervention of 'NJ Exec Order 26.4b1 and document. Report any changes." A review of Resident #3's EMR showed no evidence of weekly NJ Exec assessments. During an interview on NJ Exec Order 26.4b1 at 1:40 P.M., the US FO stated "[Resident #3] does not have a completed NJ Exec assessment weekly like NJ E should." | F0686 | Continued from page 1<br><br>The Director of Nursing or designee will provide education to licensed nurses on 11/07/2025, on the process and purpose of pressure ulcers being initially documented upon admission, assessed, measured, and providing treatments and services to prevent pressure ulcers. Nursing staff will be educated on when to care plan, and what to do when new skin injuries are identified on 11/07/2025. Director of Nursing or designee will complete a skin evaluation next day to ensure accuracy of initial skin evaluation. If new skin concerns noted will follow the protocol for notification of new wounds assessment and treat.<br><br>How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur?<br><br>The Director of Nursing or designee will start an audit on 11/07/2025, on 5 residents (incontinent) to ensure the pressure ulcers being initially documented, assessed, measured, and providing treatments and services to prevent pressure ulcers. The Director of Nursing or designee will also audit the Certified Nursing Assistants documentation for completion of preventative treatments. This will occur weekly x 4 weeks and then monthly x 3 months. The results of the audits will be reported at the monthly quality assurance performance improvement meeting x 3 months unless any significant trends are identified.<br><br>Date: 11/10/2025 | |

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| F0686 SS = G | Continued from page 2<br><br>A facility document labeled "#NJ Exec O NJ Exec Order 26.4b1 Injury DateNJ Exec Order 26.4b 11:30" revealed "[Resident #3] has a NJ Exec Order 26.4b1 ." A review of Resident #3's EMR showed no evidence of an initial NJ Exec Orde assessment. During an interview on 10/20/2025 at 1:40 P.M., the US FO stated "there is NJ Exec Order 26.4b1 eval [evaluation] from 7/24, when the NJ Exec Orde was found." During an interview on 10/20/2025 at 2:18 P.M., the US FOIA (b)(6) stated that if a NJ Exec Orde is found the nurse "should complete a NJ Exec eval [evaluation] every time…if it's not documented, it's not done."<br><br>A review of Resident #3's Progress Notes (PNs) from admission revealed no communication regarding a NJ Exec Order 26.4b1 until a PN dated NJ Exec Order 26.4b1 at 2:40 P.M., when LPN #4 documented "Writer was notified by US FOIA (b)(6) that resident [Resident #3] has NJ Exec Order 2 on [their] NJ Exec Orde that needed to be NJ Exec Order 26 [Resident #3] does not have any current orders to administer NJ Exec Orde care. Writer went to assess patients' NJ Exec Order 2 [Resident #3] has a NJ Exec Order 26.4b1 to [their] NJ Exec Order 26.4b1…US FO notified of NJ Exec Order 26 In an interview with US FO on 10/20/2025 at 1:40 P.M., the US FO said it's rare for a person to find a NJ Exec Order 26.4b1 for the NJ Exec Order 26 and that Resident #3 did not have a NJ Exec Order 26.4b1 on arrival.<br><br>A review of Resident #3's Order Summary Report (OSR) from NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1 showed an order placed on NJ Exec Order 26.4 for 'NJ Exec Order 26.4b1 . Apply to NJ Exec every shift for NJ Exec Order 26.4b1" and 'NJ Exec Order 26.4b1 Apply to NJ Exec Order 26.4b1 every day shift for NJ Exec Orde care NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 , pat NJ Exe Apply NJ Exec Order 26.4b1 and NJ Exec O with NJ Exec Order 26.4b1." The OSR revealed an order placed on NJ Exec Order 26.4 for 'NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 every day shift for NJ Exec Orde care NJ Exec Order 26.4b1 with NJ Exec O pat NJ Exe Apply NJ Exec Order 26.4b1 and NJ Exec O with NJ Exec Order 26. ."<br><br>A review of Resident #3's EMR showed no evidence of daily NJ Exec Orde assessments or daily NJ Exec Orde care was provided. A review of the PN dated NJ Exec Order 26.4b at 5:08 A.M., revealed 'NJ Exec Order 26.4b1 ." There was no further evidence that daily NJ Exec Orde assessments or daily NJ Exec Orde care was provided.<br><br>In an interview on 10/20/2025 at 11:34 A.M., Licensed Practical Nurse (LPN) #1 stated NJ Exec Orde care is done | F0686 | | |

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| F0686 SS = G | Continued from page 3<br>daily. In an interview on 10/24/2025 at 10:06 A.M., the [US FO] stated that “nurses should document every [NJ Exec Orde] care daily” in the nurses’ notes or the Treatment Administration Record (TAR). The [US FO] further stated “no I don’t see daily [NJ Exec Orde] documentation in [Resident #3’s] chart, no the policy was not followed.”<br><br>A review of Resident # 3’s CP revealed a focus of “I have [NJ Exec Order 26.4b1 ]" with an initiated date of [NJ Exec Order 26.4] and an intervention of “Assess/record/monitor [NJ Exec Order 26.4b1 ] where possible. Assess and document status of [NJ Exec Order 26.4b1 ]. Report improvements and declines to the [US FO] Date Initiated: [NJ Exec Order 26.4b1].” During an interview on 10/20/2025 at 1:40 P.M., the [US FO] stated the incident report was put in on [NJ Exec Order 26.4] and the CP was not put in unti[NJ Exec Order 26.4b] but there should be a CP from the start.<br><br>A review of Resident #3’s TAR from [NJ Exec Order 26.4] and [NJ Exec Orde] revealed no evidence the [NJ Exec Orde] care treatments were implemented for Resident #3’s [NJ Exec Order 26.4b1 ] from [NJ Exec Order 26.4b1] through [NJ Exec Order 26.4b1].<br><br>A review of the Documentation Survey Record (DSR) V2 for [NJ Exec Order 26.4] indicated an intervention/task of [NJ Exec Orde ] care. The review revealed that this task was not initialed as completed for:<br><br>9 of 16 day shifts as follows, [NJ Exec Order 26.4b1 ]<br><br>9 of 16 evening shifts as follows, [NJ Exec Order 26.4b1 ]<br><br>6 of 17 night shifts of [NJ Exec Order 26.4b1 ]<br><br>Further review indicated an intervention/task of MONITOR – Turn and reposition. The review revealed that this task was not initialed as completed for:<br><br>9 of 16 day shifts as follows, [NJ Exec Order 26.4b1 ].<br><br>9 of 16 evening shifts as follows, [NJ Exec Order 26.4b1 ].<br><br>6 of 17 night shifts of [NJ Exec Order 26.4b1 ] | F0686 | | |

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| F0686 SS = G | Continued from page 4<br><br>A review of the DSR V2 for NJ Exec Order 26.4b1 indicated an intervention/task of NJ Exec Order 26.4b1 after NJ Exec Order 26.4b1 care. The review revealed that this task was not initialed as completed for:<br><br>3 of 12 day shifts as follows, NJ Exec Order 26.4b1.<br><br>9 of 11 evening shifts as follows, NJ Exec Order 26.4b1<br><br>9 of 11 night shifts as follows, NJ Exec Order 26.4b1<br><br>Further review indicated an intervention/task of NJ Exec Order 26.4b1. The review revealed that this task was not initialed as completed for:<br><br>3 of 12 day shifts as follows, NJ Exec Order 26.4b1.<br><br>9 of 11 evening shifts as follows, NJ Exec Order 26.4b1.<br><br>9 of 11 night shifts as follows, Augus NJ Exec Order 26.4b1<br><br>A review of Resident #3's EMR showed no evidence the orders were implemented as ordered.<br><br>In an interview on 10/20/2025 at 9:02 A.M., Certified Nursing Assistant (CNA) #2 stated they check residents every 2 hours, and more frequently if needed, for NJ Exec Order 26.4b1 and it is documented at the end of their shift in the POC (Plan of Care), or the Documentation Survey Report (DSR). In an interview on 10/20/2025 at 1:40 P.M., when questioned about documentation, the US FO stated the CNAs document in the POC for NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 and if it is not documented, then it is not done. In an interview on 10/20/2025 at 2:18 P.M., when questioned about documentation, the US FOIA (b)(6) stated the CNAs should get report from the nurses and the CNAs are expected to document in the POC. The US FOIA further stated if it's not documented, it's not done.<br><br>A review of Resident #3's EMR reveals NJ Exec Ord evaluations for both NJ Exec Order were initially documented with measurements on NJ Exec Order 26.4b1. In an interview on 10/20/2025 at 1:40 P.M., the US FO stated it's not typical to wait 5 days for NJ Exec Ord evaluations and that there should be NJ Exec evaluations completed after the NJ Exec Ord is identified from the start of the NJ Exec Order<br><br>A review of Resident #3's EMR revealed no documentation | F0686 | | |

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| F0686 SS = G | Continued from page 5<br>of notification to Resident #3's family. In an interview on 10/24/2025 at 10:06 A.M., the [redacted] stated "I don't have anything documented that the [representative] was notified." In an interview on 10/20/2025 at 2:18 P.M., the [redacted] stated when a wound is identified the family should be notified.<br><br>A review of Resident #3's [redacted] V2 with an effective date of [redacted] and electronically signed on [redacted] by the [redacted] revealed the following:<br><br>[redacted] | F0686 | | |

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| F0686 SS = G | Continued from page 6<br>NJ Exec Order 26.4b1<br>Review of Resident #3's NJ Exec Order 26.4b1 V2 with an effective date of NJ Exec Order 26.4b1 electronically signed on NJ Exec Order 26 by the US FO revealed the following:<br>NJ Exec Order 26.4b1 | F0686 | | |

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| F0686 SS = G | Continued from page 7<br><br>In an interview on 10/24/2025 at 10:06 A.M., the [US FO] stated based on the review of the CP and facility policy that Resident #3 was not “being properly [NJ Exec Order 26.4] for [NJ Exec Order 26] In an interview on 10/24/2025 at 11:20 A.M., the [US FOIA] stated that Resident #3 did not have a [NJ Exec Order 26.4b1] on arrival to the facility and that an assessment should have been completed when the [NJ Exec Orde] was discovered. She further stated the nurses are expected to provide care as described in the physician’s orders and are expected to be “documenting based off the policy"; indicating that the documentation should be thorough and should reflect what’s going on in real time. When questioned if Resident #3's [NJ Exec Orde] was monitored according to the facility's policy the [US FOIA] stated, "No."<br><br>In an interview on 10/20/2025 at 11:12 A.M., CNA #1 stated that when a resident is admitted to the facility the CNA and a nurse will complete a [NJ Exec] assessment on arrival to evaluate any [NJ Exec] concerns and the nurse will document the concerns.<br><br>In an interview on 10/20/2025 at 11:34 A.M., LPN #1 stated for new residents admitted to the facility they complete a [NJ Exec] assessment and document it in the [NJ Exec] assessment profile.<br><br>A review of the facility's policy titled “Pressure Injury Risk Assessment” with a revised date of March 2020 revealed under “General Guidelines: 7. Repeat the risk assessment weekly for the first four weeks, if there is a significant change in condition, or as often as is required based on the resident’s condition”, under “Documentation: The following information should be recorded in the resident’s medical record utilizing facility forms: 2. The date and time and type of skin care provided, if appropriate... 4. Any change in the resident’s condition if identified. 5. The condition of the resident’s skin (i.e., the size and location of any red or tender areas), if identified...13. Documentation in medical record addressing family, guardian or resident notification if new skin alteration noted with change of plan of care, if indicated", and under “Reporting: 4. Notify Family, guardian or resident update if new skin alteration noted.”<br><br>A review of the facility's policy titled “Prevention of Pressure Injuries” with a revised date of April 2020 revealed under “Skin Assessment: 1. Conduct a comprehensive skin assessment upon (or soon after) admission… 3. Inspect the skin on a daily basis when performing or assisting with personal care of ADL’s (Activities of Daily Living).” | F0686 | | |

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| F0686<br>SS = G | Continued from page 8<br><br>A review of the facility's policy titled “Wound Care” with a revised date of October 2010 revealed under “Preparation: 1. Verify that there is a physician’s order for this procedure” and under “Documentation: The following information should be recorded in the resident’s medical record: 1. The type of wound care given. 2. The date and time the wound care was given. 3. The position in which the resident was placed. 4. The name and title of the individual performing the wound care. 5. Any changes in the resident’s condition. 6. All assessment data (i.e. wound bed color, size, drainage, etc) obtained when inspecting the wound…”<br><br>A review of the facility's policy titled “Care Plans, Comprehensive Person-Centered” with a revised date of March 2022 revealed under “Policy Interpretation and Implementation: 11. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents’ conditions change. 12. The interdisciplinary team reviews and updates the care plan: a. when there has been a significant change in the resident’s condition”. | F0686 | | |
| F0727<br>SS = D | RN 8 Hrs/7 days/Wk, Full Time DON<br><br>CFR(s): 1919(b)(4)(C);1919(b)(4)(C)(i);1819(b)(4)(C);1819(<br><br>Social Security Act §1919 [42 U.S.C. 1396r]<br><br>§1919(b)(4)(C) Required nursing care; facility waivers.-<br><br>§1919(b)(4)(C)(i) General requirements.-With respect to nursing facility services provided on or after October 1, 1990, a nursing facility-<br><br>(II) except as provided in clause (ii), must use the services of a registered professional nurse for at least 8 consecutive hours a day, 7 days a week.<br><br>Social Security Act §1819 [42 U.S.C. 1395i-3]<br><br>§1819(b)(4)(C) REQUIRED NURSING CARE.-<br><br>§1819(b)(4)(C)(i) IN GENERAL.-Except as provided in clause (ii), a skilled nursing facility … must use the services of a registered professional nurse at least 8 consecutive hours a day, 7 days a week. | F0727 | F0727 Registered Nurse eight consecutive hours each day.<br><br>What corrective actions will be taken for the affected residents<br><br>US FOIA (b)(6) was reeducated on the regulation to have a registered nurse every day for at least eight consecutive hours.<br><br>How will the facility identify other residents from being affected by the deficient practice<br><br>All residents have the potential to be affected by the deficient practice.<br><br>What systematic changes will be made to ensure the deficient practice does not recur.<br><br>Administrator or designee will review daily staffing to confirm there is Registered Nurse coverage for at least eight consecutive hours each day, starting on 11/10/2025 for one week.<br><br>How will the facility monitor corrective actions<br><br>Results of the audits will be reported monthly for three months to the Quality Assurance performance improvement team unless any significant trends are identified | 11/17/2025 |

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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) COMPLETION DATE |
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| F0727 SS = D | Continued from page 9<br>§483.35(c)(3) Except when waived under paragraph (f) or (g) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.<br><br>§483.35(c)(4) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Complaint #: 2638834<br><br>Based on interview and review of facility documents on 10/20/25, it was determined that the facility failed to ensure a US FOIA (b)(6) ) worked for at least eight consecutive hours a day for 2 of 14 days reviewed. This deficient practice was evidenced by the following:<br><br>Review of the "Nurse Staffing Reports" completed by the facility for the weeks of 09/28/25 through 10/11/2025, revealed that the facility failed to provide RN coverage for all shifts on 09/28/25 and 10/06/2025.<br><br>The surveyor reviewed the facility's policy titled "Staffing" updated October 2017 which indicated under “Policy Statement: Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment” and under “Policy Interpretation and Implementation 1. Licensed nurses and certified nursing assistants are available 24 hours a day to provide direct resident care services.”<br><br>NJAC 8:39-25.2(h) | F0727 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11014 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/24/2025 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SPRING HILLS POST ACUTE HAMILTON | 3 HAMILTON HEALTH PLACE , HAMILTON, New Jersey, 08690 |

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| S0000 | Initial Comments<br><br>The NJDOH conducted a Complaint survey on 10/20/2025 & 10/24/2025. The survey was officially completed on 10/24/2025.<br><br>COMPLAINT #: 2638834<br><br>CENSUS: 40<br><br>SAMPLE SIZE: 3<br><br>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<br><br>CFR(s): 8:39-5.1(a)<br><br>The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Complaint #: 2638834<br><br>Based on review of facility documents on 10/20/2025, it was determined that the facility failed to ensure staffing ratios were met for the shifts reviewed. This deficient practice had the potential to affect all residents.<br><br>Findings include:<br><br>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the | S0560 | What corrective actions will be taken for the effective residence.<br><br>Staffing coordinator was reeducated on the regulation to have a registered nurse every day for at least eight consecutive hours each day.<br><br>How will the facility identify other resistance from being affected by the deficient practice<br><br>All residents have the potential to be affected by the deficient practice.<br><br>What systematic changes will be made to ensure the deficient practice does not recur.<br><br>Administrator or designee will review daily staffing to confirm there is sufficient staffing for one week<br><br>How will the facility monitor corrective actions<br><br>results of the audits will be reported to the Quality Assurance performance team x 3 months. | 11/17/2025 |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11014 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/24/2025 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SPRING HILLS POST ACUTE HAMILTON | 3 HAMILTON HEALTH PLACE , HAMILTON, New Jersey, 08690 |

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| S0560 | Continued from page 1<br>New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:<br><br>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.<br><br>For the 2 weeks of staffing prior to complaint survey from 09/28/2025 to 10/11/2025, the facility was deficient in CNA staffing for residents on 1 of 14 day shifts as follows:<br><br>On 10/11/25 had 4 CNAs for 37 residents on the day shift, required at least 5 CNAs.<br><br>For the 2 weeks of Complaint staffing from 07/13/2025 to/07/26/2025, the facility was deficient in CNA staffing for residents on 2 of 14 day shifts as follows:<br><br>On 07/20/25 had 5 CNAs for 48 residents on the day shift, required at least 6 CNAs.<br><br>On 07/21/25 had 5 CNAs for 48 residents on the day shift, required at least 6 CNAs. | S0560 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315519 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 12/05/2025 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SPRING HILLS POST ACUTE HAMILTON | 3 HAMILTON HEALTH PLACE , HAMILTON, New Jersey, 08690 |

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| F0000 | INITIAL COMMENTS<br><br>An on-site revisit for the facility's Plan of Correction was conducted on 12/5/2025 in relation to the 10/24/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. | 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: **11014** | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED **12/05/2025** |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **SPRING HILLS POST ACUTE HAMILTON** | **3 HAMILTON HEALTH PLACE , HAMILTON, New Jersey, 08690** |

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| S0000 | Initial Comments<br><br>An on-site revisit for the facility's Plan of Correction was conducted on 12/05/2025 in relation to the 10/24/2025 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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