STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315518	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VENETIAN CARE & REHABILITATION CENTER, THE	**275 JOHN T O'LEARY BOULEVARD , SOUTH AMBOY, New Jersey, 08879**

(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 A Complaint Survey was conducted on behalf of the New Jersey Department of Health. Complaint #: 435252, 435259, 435260, 435266, 435272, 435274, 435279, 435281, 435284, 435285. Survey Dates: 08/18/25 to 08/21/25 Survey Census: 134 Sample Size: 22 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		09/12/2025
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	F0609	The facility cannot retroactively respond to the late reporting of the incident. Resident #2 had [redacted] due to the late reporting. Resident #2 was assessed with NJ Ex Order 26.4(b)(1). All pending [redacted] were reviewed for timeliness. Any residents involved in an allegation of abuse have the potential to be affected. A review of investigations was conducted to determine reportable timeliness, no residents were affected. Staff were in-serviced by the Assistant Director of Nursing and/or designee on the policies and procedures of timely reporting of alleged abuse to the Administrator or Director of Nursing (DON). The DON and Administrator were educated by the Regional Director of Operations on the timely reporting of alleged abuse. The Administrator will review 3 files of alleged abuse reports weekly for a period of four weeks, then twice monthly for an additional two months to validate the reporting timeline required was met. Results of the audits will be discussed by the Administrator at the monthly QAPI meetings for a period of three months, any variances will be reviewed by the team and adjustments made to the plan of care.	09/12/2025

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: 315518	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

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F0609 SS = D	Continued from page 1 with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is NOT MET as evidenced by: Based on interviews, record review, and policy review, the facility failed to ensure a potential allegation of physical abuse by staff was reported timely to the NJ Ex Order 26.4(b)(1)) and to the NJ Ex Order 26.4(b)(1)) when a resident NJ Ex Order 26.4(b)(1) during NJ Ex Order 26.4(b) from the wheelchair to the bed for one of three residents (Resident (R) 2) reviewed for NJ Ex Order out of 22 sample residents. This failure increased the risk of other vulnerable residents being NJ Ex Order 26.4(b)(1). Review of R2's undated "Admission Record," located in the electronic medical record (EMR) under the "Profile" tab, revealed R2 was admitted to the facility on NJ Ex Order 26.4. Review of R2's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Ex Order 26.4(b) located in the EMR under the "MDS" tab, revealed R2's "Brief Interview for Mental Status (BIMS)" score was NJ Ex Ord out of 15 which indicated NJ Ex was NJ Ex Order 26.4(b)(1) . The "MDS" revealed NJ Ex required NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1) and had NJ Ex Order 26.4(b)(1) of the NJ Ex Ord Review of the facility's "Reportable Event Record/Report," dated NJ Ex Order 26.4(b) and provided by the facility, revealed the event occurred on NJ Ex Order 26.4 at 8:44 PM. The reportable and follow-up report were submitted to the NJ Ex Or on NJ Ex Order 26.4 and the type of incident was marked as ' NJ Ex Order 2 The description of the event in the report revealed "during routine overnight care on NJ Ex Order 26.4 , staff observed NJ Ex Order 26.4(b)(1) [R2's] NJ Ex Order 26.4(b)(1) and immediately informed nursing." Review of the resident's care notes shows NJ Ex had been placed NJ Ex Order 26.4(b)(1) earlier on NJ Ex Order 26.4(b) after appearing NJ Exec Order 26 A NJ Ex Order 26.4(b)(1) was performed, and it is believed NJ Ex Order 26.4 came into contact with the wheelchair armrest during NJ Ex Order 26.4(b)(1) Review of the facility's "Timeline of the Event," provided by the facility, revealed on NJ Ex Order 26.4(b) Licensed Practical Nurse (LPN) 1 came into work and asked Certified Nursing Assistant (CNA) 1 and CNA2 to put R2 to bed because NJ Ex was NJ and NJ Ex Order 26.4(b)(1) wheelchair. CNA1 and CNA2 put R2 to bed holding NJ Ex and then NJ Ex Order 26.4(b)(1) over the	F0609		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315518	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F0609 SS = D	Continued from page 2 wheelchair's armrest. On NJ Exec Order 2[redacted], before the 7:00 AM shift, CNA3 observed NJ Ex Order 26.4(b)(1) to R2's NJ Ex [redacted] and reported it to LPN4. LPN4 reported the NJ Ex Order 26.4(b)(1) to LPN3, the oncoming nurse, during shift change at 7:00 AM. CNA3, LPN4, and LPN3 failed to report the concern to the U.S. FOIA or U.S. FOIA (b) (6) CNA4 observed NJ Ex Order 26.4(b) during NJ Ex Order 26.4(b)(1) care during the 3:00 to 11:00 PM shift and reported it to Registered Nurse (RN) 1. RN1 reported NJ Ex Order 26.4(to LPN5 and then reported it to the U.S. FOIA (b) ([redacted]). The U.S. FOIA did not report it the U.S. FOIA (b) (6) also the U.S. FOIA (b) (6) , until the next morning on NJ Ex Order 26.4(. During an interview on 08/18/25 at 5:59 PM, the U.S. FOIA (b) (6) confirmed she was not notified of the NJ Ex Order 26.4(b)(1) to R2 when it was observed by CNA3 and reported to LPN4 around 6:30 AM on NJ Ex Order 26.4(and that she did not submit the initial and 5-day follow-up report to the NJ Ex Or within the required timeframes. The U.S. FOIA (b) (6) stated LPN4 should have reported the NJ Ex Ord to the U.S. FOIA immediately and then the U.S. FOIA should have reported it to her immediately. The U.S. FOIA (b) (6) stated she thought she submitted the initial and 5-day follow-up report with the required timeframes but did not submit either until NJ Ex Order 26.4(. During an interview on 08/18/25 at 6:29 PM, the U.S. FOIA stated he reported the NJ Ex Order 26.4(b)(1) to the U.S. FOIA (b) (6) at 9:35 AM on NJ Ex Order 26.4(and did not recall when NJ Ex Order 26.4(to R2 was reported to him for he had NJ Exec Order 26.4(employment at the facility. During an interview on 08/18/25 at 7:11 PM, RN1 confirmed that CNA4 reported she observed NJ Ex Order 26. on R2's NJ Ex Ord during NJ Ex Order 26.4(b)(1) care on NJ Ex Order 26.4(at 8:44 PM and then RN1 reported it to LPN5 and the U.S. FOIA via phone immediately. An interview was attempted with LPN4 on NJ Ex Order 26.4(at 10:00 AM, 10:15 AM, and 10:35 AM, but was unsuccessful due to not returning the phone call. An interview was attempted with LPN3 on NJ Ex Order 26.4 at 9:00 AM, 9:05 AM, and 9:10 AM, but the phone call was not returned. Review of the facility's policy titled "Abuse Prevention Program," dated 2016, revealed, ". . . 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	F0609		

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F0609 SS = D	Continued from page 3 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. The results of the investigation are reported within 5 working days of the incident . . ."	F0609		
F0610 SS = D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §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 alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is NOT MET as evidenced by: Based on interviews, record review, and policy review, the facility failed to protect a resident during an investigation of a NJ Ex Order 26.4(b)(1) by staff when a resident NJ Ex Order 26.4(b)(1) during NJ Ex Order 26.4(b)(1) the wheelchair to the bed by two nursing aides for one of three residents (Resident (R) 2) reviewed for NJ Ex Order out of 22 sample residents. This failure increased the risk of other vulnerable residents being NJ Ex Order 26.4(b)(1). Review of R2's undated "Admission Record," located in the electronic medical record (EMR) under the "Profile" tab, revealed R2 was admitted to the facility in NJ Ex Order 2 Review of R2's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Ex Order 26.4, located in the EMR under the "MDS" tab, revealed R2's "Brief Interview for Mental Status (BIMS)" score was NJ Ex Ord out of 15 which indicated he/she was NJ Ex Order 26.4(b)(1)	F0610	The facility cannot retroactively respond to the CNAs not being suspended. Resident #2 had NJ Ex Order 26.4(b)(1) due to the late reporting. Resident #2 was assessed with NJ Ex Order 26.4(b)(1). All pending NJ Ex Order 26.4(b)(1) were reviewed for timeliness. Any residents involved in an allegation of abuse have the potential to be affected. A review of investigations was conducted to determine if suspension of staff was warranted and none met the criteria, no other residents were affected. Nursing Supervisors were in-serviced by the Director Of Nursing on the process of removing staff members from duty immediately following an allegation of abuse. Staff members involved in an allegation of abuse will be suspended immediately pending the investigation. The Administrator will audit three abuse allegation files monthly for a period of four weeks, then twice monthly for an additional two months to validate suspension was acted upon if appropriate. Results of the audits will be discussed by the Administrator at the monthly QAPI meetings for a period of three months, any variances will be reviewed by the team and adjustments made to the plan of care.	09/12/2025

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F0610 SS = D	Continued from page 4 impaired. The "MDS" revealed he/she required NJ Ex Order 26.4(b)(1) and had NJ Ex Order 26.4(b)(1) Review of the facility's "Reportable Event Record/Report," dated NJ Exec Order 26, provided by the facility, revealed the event occurred on NJ Exec Order 26 at 8:44 PM. The reportable and follow-up report were submitted to the State Agency on 06/20/25 and the type of incident was marked as 'NJ Exec Ord The description of the event in the report revealed "during routine overnight care on NJ Exec Order 26, staff observed a NJ Exec Ord on [R2's] NJ Exec Order 26.4b1 and immediately informed nursing." The interventions that were implemented after the incident listed in the report included "the finding was relayed to on-coming staff, escalated through clinical leadership, and the physician subsequently evaluated the resident on site. NJ Exec Order 2 and NJ Exec assessments revealed no additional concerns . . . Review of the resident's care notes shows he/she had been placed back in bed earlier on NJ Exec Order 26 after appearing NJ Exec Order 26. A NJ Exec Order 26.4b1 was performed, and it is believed his/her NJ Exec O came into NJ Exec Orde with the wheelchair armrest during NJ Exec Order 26.4b1 Review of the facility's "Timeline of the Event," provided by the facility, revealed on NJ Ex Order 26.4(revealed Licensed Practical Nurse (LPN) 1 came into work and asked Certified Nursing Assistant (CNA) 1 and CNA2 to put R2 NJ Ex Order because he/she was NJ Ex Order 26.4(b)(1) in his/her wheelchair. CNA1 and CNA2 put R2 NJ Ex Order and then NJ Ex Order 26.4 him/her NJ Ex Order 26 wheelchair's armrest. On NJ Exec Order 26, before 7:00 AM shift, CNA3 observed NJ Ex Order 26.4(b)(1) to R2's NJ Ex and reported it to LPN4. LPN4 reported the NJ Ex Order 26.4(b)(1) to LPN3, the oncoming nurse, during shift change at 7:00 AM. CNA4 observed the NJ Ex Order during NJ Ex Order 26.4(b)(1) during the 3:00 to 11:00 PM shift and reported it to RN1. RN1 reported the NJ Ex Orde to LPN5 and then reported it to the U.S. FOIA (b) (6)). The U.S. FOIA did not report it the U.S. FOIA (b) (6) also the U.S. FOIA (b) (6) , until the next morning on NJ Ex Order 26.4 . Review of CNA1's "Personnel File" revealed he was not suspended during the investigation conducted on NJ Ex Order 26.4 . Review of CNA1's "Timecard," provided by the facility, revealed he worked on NJ Ex Order 26.4(Review of CNA2's "Personnel File" revealed he was not suspended during the investigation conducted on NJ Ex Order 26.4 . Review of CNA2's "Timecard," provided by the	F0610		

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F0610 SS = D	Continued from page 5 facility, revealed he worked on NJ Ex Order 26.4(b) An interview was attempted with CNA1 on 08/18/25 at 5:42 PM, 6:00 PM, and 6:15 PM and a message could not be left due to the voicemail not set up yet. An interview was attempted with CNA2 on 08/18/25 at 5:43 PM, 5:45 PM, and 5:55 PM and a return call was not received. During an interview on 08/18/25 at 5:59 PM, the U.S. FOIA (b) (6) confirmed she did not suspend either CNA1 or CNA2 when she was notified of the NJ Exec Order 26.4b1 to R2 on NJ Ex Order 26.4 because she investigated while the CNAs were working on NJ Ex Order 26.4(b) The U.S. FOIA (b) (6) stated CNA1 and CNA2 were not assigned to R2 on NJ Exec Order 26.4 and she determined the CNAs did NJ Ex Order 26.4(b) R2, but the NJ Ex Orde was acquired during NJ Ex Order 26.4(b)(1) the wheelchair to the bed on NJ Ex Order 26.4. During an interview on 08/18/25 at 6:29 PM, the U.S. FOIA stated he reported the NJ Ex Order 26.4(b)(1) to the U.S. FOIA (b) (6) at 9:35 AM on 06/10/25 and then he interviewed CNA1 and CNA2 about NJ Exec Order 26.4b1 R2 on NJ Ex Order 26.4(The U.S. FOIA confirmed the CNAs were not suspended during the investigation on NJ Ex Order 26.4(Review of the facility's policy titled "Abuse Prevention Program," dated 2016, provided by the facility, revealed ". . . Investigation Allegations 1. All allegations are thoroughly investigated. The administrator initiates investigations . . . 6. Any employee who has been accused of resident abuse is placed on leave with no resident contact until the investigation is complete. . ."	F0610		
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:	F0689	CNA #1 and CNA #2 were educated by the Director of Nursing on 6/10/25, at the time of the incident. Residents that require assistance being transferred have the potential to be affected. A review of investigations was conducted to determine if transfers were involved and no other residents were affected. The Director Of Nursing and/or designee conducted transfer training with nursing staff which included the steps to transfer a resident from a seated position in a chair to their bed. The Director Of Nursing or designee will observe three transfers per week for a period of four weeks, then twice monthly for a period of two months to validate the technique being used is effective. Results of the observations will be reviewed by the Director of	09/12/2025

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F0689 SS = D	Continued from page 6 Based on interviews and record review, the facility failed to prevent NJ Ex Order 26.4(during NJ Ex Order 26.4(b)(1) transfer for one of three residents (Resident (R) 2) reviewed for abuse out of 22 sample residents. This failure increased the risk of residents NJ Ex Order 26.4(b)(1) during transfers. Review of R2's undated "Admission Record," located in the electronic medical record (EMR) under the "Profile" tab, revealed R2 was admitted to the facility in NJ Ex Order Review of R2's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Ex Order 26.4(b located in the EMR under the "MDS" tab, revealed R2's "Brief Interview for Mental Status (BIMS)" score was NJ Ex Orc out of 15 which indicated he/she was NJ Ex Order 26.4(b)(1) The "MDS" revealed he/she required NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1) and had NJ Ex Order 26.4(b)(1) of the NJ Ex Ord . Review of R2's "Care Plan," dated NJ Ex Order 26.4 and located in the EMR under the "Care Plan" tab, revealed a focus of R2 wanting to NJ Ex Order 26.4(b)(1) and requiring eNJ Ex Order 26.4(b)(1) with interventions to use verbal cues to prompt his/her with NJ Ex Order 26.4 so he/she can NJ Ex Orde the care partner and if NJ Ex Order 26.4(b)(1) the care partner please refer R2 to NJ Ex Orde for a screening. Review of R2's "Progress Notes," dated NJ Ex Order 26.4(b and located in the EMR under the "Prog Note" tab, revealed "called by the Primary Nurse due to NJ Ex Order 26. . Assessed with NJ Ex Order 26.4(b)(1) . . MD [physician] was notified and made aware of the findings. . ." Review of R2's "Summary of Investigation for NJ Ex Order 26. ," dated NJ Ex Order 26.4 and provided by the facility, documented "issue/concern: during routine overnight care on NJ Ex Order 26.4 , staff observed NJ Ex Order 26.4(b)(1 the resident's NJ Ex Order 26.4(b)(1) and immediately informed nursing . . . Review of the resident's care notes showed he/she had been NJ Ex Order 26.4(b)(1) in bed earlier on NJ Ex Order 26.4(after appearing NJ Ex Order 26.4 A NJ Ex Order 26.4(b)(1 was performed, and it is believed that his/her NJ Ex Orc came into contact with the wheelchair armrest during NJ Ex Order 26.4(b)(1) Plan of Action: Reinforce safe NJ Ex Order 26.4(b)(1) for NJ Exec Order 26.4b residents. . ." Review of the facility's "Investigation of Incident	F0689	Continued from page 6 Nursing at the QAPI meeting monthly for a period of three months and any variances will be reviewed by the committee and revisions to the plan will be completed.	

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F0689 SS = D	Continued from page 7 Employee Care Partner Statement," dated NJ Ex Order 26.4 and provided by the facility, revealed Certified Nursing Assistant (CNA) 1 and CNA2 saw R2 NJ Ex Order 26.4(b)(1) so CNA1 and CNA2 NJ Ex Order 26.4(b)(1) the bed. CNA1 NJ Exec R2 by his/her NJ Ex Order 26.4(b)(1) and CNA2 NJ Exec R2 by his/her NJ Ex Order 26.4(b)(1). An interview was attempted with CNA1 on 08/18/25 at 5:42 PM, 6:00 PM, and 6:15 PM and a message could not be left due to the voicemail not set up yet. An interview was attempted with CNA2 on 08/18/25 at 5:43 PM, 5:45 PM, and 5:55 PM and a return call was not received. During an interview on 08/18/25 at 6:29 PM, the NJ Ex Order 26.4(b)(1)) stated he interviewed CNA1 and CNA2 on NJ Ex Order 26.4 and they stated they stood NJ Ex Order of R2 then NJ Ex Or his/her by NJ Ex Order 2 and the NJ Ex Order 26.4(b)(1) his/her NJ Ex Orde and then NJ Ex Order his/her NJ Ex Order 26. wheelchair armrest into the bed. The U.S. FOIA stated the NJ Ex Order 26 was not performed properly because the nursing assistants should not have NJ Exec onto his/her NJ Exec Or to NJ Exec Order into the bed and should have removed the armrest from the wheelchair which caused the NJ Exec Ord to R2's thigh. During an interview on 08/19/25 at 3:13 PM, the U.S. FOIA (b) (6)) stated the nursing assistants, CNA1 and CNA2, stated they lifted R2 by NJ Ex Order 26.4(b)(1) his/her NJ Ex Orde during the NJ Ex Order 26.4(b)(1) the wheelchair to the bed on NJ Ex Order 26.4(. The U.S. FOIA confirmed the NJ Exec Order was not performed properly. The U.S. FOIA stated the armrest should have been removed from the wheelchair prior to NJ Ex Order 26.4(b)(1) and they should have used NJ Ex Order 26.4(b)(1) them in NJ Ex Order 26.4(b)(1 and not NJ Ex Order 26.4(b)(1). The transfer policy was requested from the U.S. FOIA (b) (6) and was not received prior to exit of the survey.	F0689		
F0755 SS = D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general	F0755	Resident#16's Physician was notified of the medication doses that were missed, a physical assessment was completed, and no variances were observed, both medications arrived at the center and subsequently discontinued. Any resident has the potential to be affected. An audit was completed related to other potential missed medications and variances were addressed. Nurses were in-serviced by the Director Of Nursing	09/12/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315518	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VENETIAN CARE & REHABILITATION CENTER, THE	275 JOHN T O'LEARY BOULEVARD , SOUTH AMBOY, New Jersey, 08879

(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
F0755 SS = D	Continued from page 8 supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is NOT MET as evidenced by: Based on interviews, record review, and policy review, the facility failed to ensure nursing staff received ordered medications from the pharmacy for residents for one out of 22 sample residents (Resident (R) 16). This failure had the potential for residents not to receive their ordered medications and could result in negative outcomes. Review of the facility's policy titled "Accepting Delivery of Medications," revised November 2022, revealed "Policy Statement 1. All staff follow a consistent procedure in accepting medications. 2. Any errors noted in receiving medications are brought to the attention of the pharmacist and director of nursing services. Policy Interpretation and Implementation 1. A nurse accepts each medication delivery. 2. Before signing to accept the delivery, the nurse reconciles the medications in the package with the delivery ticket/order receipt. . ." Review of R16's undated "Admission Record," located in the electronic medical record (EMR) under the "Profile" tab, revealed [NJ Ex C] was admitted on [NJ Ex Orde] with multiple	F0755	Continued from page 8 and/or designee on review of medications ordered at the time of admission, general medication administration, obtaining medications that are controlled under schedule V, troubleshooting what to do when medications are not available. The Director Of Nursing or designee will audit 5 new and/or re-admission records weekly for a period of four weeks, then twice monthly for a period of two additional months to validate medications are available to administer. Results of the audit will be reviewed by the Director of Nursing at the QAPI meeting monthly for a period of three months and any variances will be reviewed by the committee and revisions to the plan will be completed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315518	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

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F0755 SS = D	Continued from page 9 diagnoses which included NJ Ex Order 26.4(and NJ Ex Order 26.4(b)(1) Review of R16's "Physician's Orders," dated NJ Ex Order 26.4(b located in the EMR under the "Orders" tab, revealed an order for NJ Ex Order 26.4(b)(1) by mouth every 12 hours for NJ Ex Order 26.4(b)(1) and an order for NJ Ex Order 26.4(b)(1) four times a day for NJ Ex Order 26.4(b)(1). Review of R16's "Medication Administration Record (MAR)," dated NJ Ex Order 26.4(b)(1), located in the EMR under the "Orders" tab, revealed R16 had not received NJ Ex Order 26.4(b)(1) and was marked as medication not administered by nursing staff. Review of R16's "Health Status Note," dated NJ Ex Order 26.4(b located in the EMR under the "Orders" tab, revealed patient transferred from the hospital for readmission. Review of R16's "Medication Administration Notes," located in the EMR under the "Prog Note" tab, revealed -On dated NJ Ex Order 26.4(b)(1) by mouth every 12 hours for NJ Ex Or pending delivery." -On NJ Ex Order 26.4(b)(1) four times a day for NJ Ex Order 26.4(b)(1) pending delivery." -On NJ Ex Order 26.4(b)(1) by mouth every 12 hours for NJ Ex Order 26.4(b)(1) on order." -On NJ Ex Order 26.4(b)(1) four times a day for NJ Ex Order 26.4(b)(1) med not delivered." -On NJ Ex Order 26.4(b)(1) by mouth every 12 hours for NJ Ex Order 26.4(b)(1) not available, awaiting pharmacy delivery." -On NJ Ex Order 26.4(b)(1) four times a day for NJ Ex Order 26.4(b)(1) not available, awaiting pharmacy delivery." -On NJ Ex Order 26.4(b)(1) by mouth every 12 hours for NJ Ex Order 26.4(b)(1) pending delivery." -On NJ Ex Order 26.4(b)(1)	F0755		

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F0755 SS = D	Continued from page 10 NJ Ex Order 26.4(b)(1) four times a day for NJ Ex Order 26.4(b)(1) pending pharmacy." -On NJ Ex Order 26.4(b)(1) four times a day for NJ Ex Order 26.4(b)(1) pending pharmacy supply." -On NJ Ex Order 26.4(b)(1) by mouth every 12 hours for NJ Ex Order 26.4(b)(1) awaiting pharmacy supply." Review of R16's "Health Status Note," dated NJ Ex Order 26.4 and located in the EMR under the "Prog Note" tab, revealed "Call placed to pharmacy regarding NJ Ex Order 26.4(b)(1). Pharmacist states that working on it. It will deliver [sic] but not give specific time." During an interview on 08/18/25 at 1:16 PM, R16 was lying in bed with his/her assigned nursing assistant feeding his/her lunch while sitting next to his/her in a chair. R16 stated he/she returned from the hospital on NJ Ex Order 26.4 and had not received one of his/her NJ Ex Order 2 medications since then because the medication was on order and had not been received yet. R16 stated he/she was administered his/her other NJ Exec Order medications and had not had any NJ Ex Order 26.4 During an interview on 08/18/25 at 1:22 PM, Registered Nurse (RN) 4 confirmed the NJ Ex Order 26.4(b)(1 and NJ Ex Order 26.4(medications were not delivered to the facility yet, but she contacted the pharmacy on NJ Ex Order 26.4(regarding the status of the NJ Ex Order 26.4(b)(1 medication arrival, and the pharmacy stated a new order was needed from the physician. RN4 stated she contacted the physician, the new order was faxed to the pharmacy, and it would be delivered later today. An interview was attempted on 08/18/25 at 4:51 PM with Licensed Practical Nurse (LPN) 9 about ordering and following up on the delivery of R16's medications on NJ Ex Order 26.4 but she did not return the phone call.	F0755		
F0761 SS = D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.	F0761	Resident #16's medications were repoured and administered, and Resident #16 received NJ Ex medications. RN4 received a one-to-one training by the Assistant Director Of Nursing and a competency observation regarding medication pass prior to administering further medications. All residents have the potential to be affected by medication being left at the bedside. A visual audit via rounds was conducted to determine if there were medications not stored per protocol and no other	09/12/2025

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F0761 SS = D	Continued from page 11 §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, record review, and policy review, the facility failed to ensure nursing staff stored medications not administered to residents in the locked medication cart not at bedside for one out of 22 sampled residents (Resident (R) 16) observed during the medication administration. This failure had the potential for wandering residents to NJ Exec Order 26.4b1 other residents' medications. Review of R16's undated "Admission Record," located in the electronic medical record (EMR) under the "Profile" tab, revealed he/she was admitted in NJ Ex Orde with a diagnosis of NJ Exec Order 26 Review of R16's "Physician's Orders," dated NJ Ex Order 26.4(and located in the EMR under the "Orders" tab, revealed an order for NJ Ex Order 26.4(b)(1) by mouth one time a day for NJ Ex Order 26.4(b)(1) mix with 6-8 ounces (oz.) of water or juice and an order for NJ Ex Order 26.4(b)(1) by mouth every 12 hours for NJ Ex Order 26.4(Review of Registered Nurse (RN) 4's "Medication Administration Competency," dated NJ Ex Order 26.4(revealed she completed the competency on NJ Ex Order 26.4(with another nurse. The medication administration competency form revealed RN4 did not leave the medication at the bedside or on top of the medication cart after preparing them.	F0761	Continued from page 11 residents were affected. Director Of Nursing and.or designee in-serviced the nurses on the policy and procedures for administration of medications and storage of medications. The Director Of Nursing and/or designee will inspect 15 rooms daily for two weeks, then three times a week for two weeks, then twice monthly for an additional two months. Results of the audit will be reviewed by the Director of Nursing at the QAPI meeting monthly for a period of three months and any variances will be reviewed by the committee and revisions to the plan will be completed.	

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F0761 SS = D	Continued from page 12 During an observation on 08/18/25 at 1:16 PM in R16's room, R16 was lying in bed with an assigned nursing assistant [NJ Exec Order] lunch while sitting next to the chair. On the overbed table, there were two medication cups placed on it next to the lunch tray, one with white powder and the other one with red liquid in it. Interview with R16 at this time revealed the nurse left them there and has not returned to give them to him/her yet. During an interview on 08/18/25 at 1:22 PM, RN4 confirmed she left the two medications, [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)], on the overbed table because she did not have juice to administer the medications per the physician's orders. RN4 stated it was her [NJ Exec Order 2] working at the facility and she should have locked the medications in the medication cart to keep other residents from [NJ Exec Order 26.4b1] them. RN4 stated she was trained for two days by another nurse. During an interview on 08/18/25 at 1:31 PM, the [U.S. FOIA (b) (6)]) observed the two medication cups on the bedside table in R16's room. The [U.S. FOIA] stated RN4 was a [NJ Exec Order 26.4b1] employee at the facility, and she had successfully administered medications with a preceptor during orientation. The [U.S. FOIA] stated RN4 should not have left the medications on the bedside table, she should have administered the medications to R16 and for the safety of the other residents so they would not [NJ Exec Order] into the room and ingest the medications. During an interview on 08/18/25 at 1:42 PM, RN5, [U.S. FOIA (], , stated RN4 did not follow the medication administration rights when she left the two medications on the bedside table, and she should have located the juice before preparing the medications or locked the medications in the cart while she found the juice. RN5 stated that another resident could have walked in the room and ingested the medications. During an interview on 08/20/25 at 8:40 AM, the [U.S. FOIA (b) (6)] revealed RN4 successfully completed the medication administration competency on [NJ Ex Order 26.4] and the nurse should have watched R16 take the medications, medications were not allowed to be placed back in the medication cart after preparing them, and the medications were not allowed to be left at the bedside. Review of the facility's policy titled "Medication Labeling and Storage," revised February 2023, provided by the facility, revealed ". . . Policy Interpretation and Implementation Medication Storage . . . 4.	F0761		

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F0761 SS = D	Continued from page 13 Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing medications and biologicals are locked when not in use, and trays or carts used to transport such items are not left unattended if open or otherwise potentially available to others. . ."	F0761		
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to:	F0880	Resident #21 and #22 who received the trays had NJE [redacted] All residents who receive meals have the potential to be affected. The employee who did not wash their hands prior to delivering the tray was immediately in-serviced by the Infection Preventionist on proper infection control procedures relating to tray pass. Staff were in-serviced by the Infection Preventionist on proper hand sanitizing procedures for tray pass. The Infection Preventionist will observe 5 tray passes per week for 3 months to ensure proper infection control procedures are followed. Results of these audits will be reviewed by the Infection Preventionist at the QAPI meeting monthly for a period of three months and any variances will be reviewed by the committee and revisions to the plan will be completed.	09/12/2025

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F0880 SS = D	Continued from page 14 (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, and policy review, the facility failed to ensure staff perform hand hygiene after serving and assisting residents with setting up their meals for one out of 22 sample residents (Resident (R) 22) observed during the lunch meal. This failure had the potential to cause cross contamination and spread germs to vulnerable residents. During an observation on the fourth floor in the common area on 08/19/25 at 12:19 PM, Recreation Aide (RA) 2 placed R21's meal tray on the table, removed the plate cover, lids on the cups, and then used the fork to cut up the food without performing hand hygiene afterward. Next, RA2 walked to the food cart and picked up another food tray and placed it in front of R22. During an interview on 08/19/25 at 12:23 PM, RA2 confirmed she did not perform hand hygiene after	F0880		

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F0880 SS = D	Continued from page 15 setting up R21's food tray and stated she was not told to sanitize or wash her hands after setting up the food trays for the residents, but it would be an infection control issue. During an interview on 08/19/25 at 12:49 PM, the U.S. FOIA (b) (6)), also the U.S. FOIA (b) (6) stated staff should either use hand sanitizer or wash their hands after setting up the resident's meal trays and staff were taught hand hygiene during orientation and during the annual skills training. The J.S. stated she had not made observations of hand hygiene recently. Review of the facility's policy titled "Assisting the Resident with In-Room Meals," dated 2001, provided by the facility, revealed ". . . Preparation . . . 11. Employees must wash their hands before serving food to residents. It is not necessary to wash hands between each resident tray; however, if there is contact with soiled dishes, clothing or the resident's personal effects, the employee must wash his/her hands before serving food to the next resident."	F0880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12035	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

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S0000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative Code, Chapter 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		09/12/2025
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: Based on review of pertinent facility documentation, on 08/20/2025, it was determined that the facility failed to ensure staffing ratios were met for 10 weeks of day shifts reviewed. This deficient practice had the potential to affect all residents. The deficient practice was evidenced by the following: 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 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	S0560	No residents were negatively affected. The staffing coordinator or designee conducts an ongoing staffing analysis by shift to determine the amount of licensed nursing staff required by regulatory requirements to meet the care needs of the residents based on daily census and is used to ensure additional staff are scheduled to cover call outs. All residents have the potential to be affected by the process. The Staffing Coordinator was inserviced by the Director of Nursing regarding the required CNA staffing ratios. The Administrator contacted the facility Recruiter to inform them of the facilities needs. The Administrator and the Recruiter have a weekly call to discuss needs and strategize to fill open positions. The Staffing Coordinator and Director Of Nursing will meet daily to review staffing for the upcoming days to ensure proper staffing ratios based on census. A software platform is utilized by the facility which enables the off shift supervisors and nurse managers who are interested in picking up additional shifts. Referral bonuses are offered for current employees who support filing vacant shifts as well as retaining current staff. Sign on bonuses are offered for all new CNAs. The Administrator will review the minutes from resident council meetings on a monthly basis to determine whether there are concerns with care related to staffing. The Administrator audits staffing ratios on the online platform on a daily basis. Results of these	09/12/2025

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: 12035	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VENETIAN CARE & REHABILITATION CENTER, THE	275 JOHN T O'LEARY BOULEVARD , SOUTH AMBOY, New Jersey, 08879

(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 1 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 10 weeks of AAS-11 staffing, the facility was deficient as follows:For the week of staffing from 04/14/2024 to 04/20/2024, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:-04/14/24 had 6 CNAs for 122 residents on the day shift, required at least 15 CNAs. -04/15/24 had 9 CNAs for 122 residents on the day shift, required at least 15 CNAs. -04/16/24 had 11 CNAs for 122 residents on the day shift, required at least 15 CNAs. -04/17/24 had 11 CNAs for 122 residents on the day shift, required at least 15 CNAs. -04/18/24 had 11 CNAs for 122 residents on the day shift, required at least 15 CNAs. -04/19/24 had 10 CNAs for 124 residents on the day shift, required at least 15 CNAs. -04/20/24 had 8 CNAs for 124 residents on the day shift, required at least 15 CNAs.For the 2 weeks of staffing from 08/11/2024 to 08/24/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:-08/11/24 had 7 CNAs for 133 residents on the day shift, required at least 17 CNAs. -08/12/24 had 8 CNAs for 133 residents on the day shift, required at least 17 CNAs. -08/13/24 had 10 CNAs for 133 residents on the day shift, required at least 17 CNAs. -08/14/24 had 7 CNAs for 133 residents on the day shift, required at least 17 CNAs. -08/15/24 had 8 CNAs for 133 residents on the day shift, required at least 17 CNAs. -08/16/24 had 5 CNAs for 133 residents on the day shift, required at least 17 CNAs. -08/17/24 had 5 CNAs for 133 residents on the day shift, required at least 17 CNAs. -08/18/24 had 6 CNAs for 133 residents on the day shift, required at least 17 CNAs.	S0560	Continued from page 1 audits will be reviewed by the Administrator at the QAPI meeting monthly for a period of three months and any variances will be reviewed by the committee and revisions to the plan will be completed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12035	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

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S0560	Continued from page 2 -08/19/24 had 5 CNAs for 133 residents on the day shift, required at least 17 CNAs. -08/20/24 had 8 CNAs for 133 residents on the day shift, required at least 17 CNAs. -08/21/24 had 7 CNAs for 130 residents on the day shift, required at least 16 CNAs. -08/22/24 had 8 CNAs for 130 residents on the day shift, required at least 16 CNAs. -08/23/24 had 8 CNAs for 130 residents on the day shift, required at least 16 CNAs. -08/24/24 had 8 CNAs for 127 residents on the day shift, required at least 16 CNAs.For the week of staffing from 11/17/2024 to 11/23/2024, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:-11/17/24 had 7 CNAs for 134 residents on the day shift, required at least 17 CNAs. -11/18/24 had 10 CNAs for 134 residents on the day shift, required at least 17 CNAs. -11/19/24 had 12 CNAs for 134 residents on the day shift, required at least 17 CNAs. -11/20/24 had 9 CNAs for 134 residents on the day shift, required at least 17 CNAs. -11/21/24 had 11 CNAs for 131 residents on the day shift, required at least 16 CNAs. -11/22/24 had 9 CNAs for 131 residents on the day shift, required at least 16 CNAs. -11/23/24 had 8 CNAs for 130 residents on the day shift, required at least 16 CNAs. For the 2 weeks of staffing from 01/26/2025 to 02/08/2025, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:For the 2 weeks of staffing from 01/26/2025 to 02/08/2025, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:-01/26/2025 had 6 CNAs for 138 residents on the day shift, required at least 17 CNAs. -01/27/2025 had 7 CNAs for 136 residents on the day shift, required at least 17 CNAs. -01/28/2025 had 9 CNAs for 136 residents on the day	S0560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12035	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

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S0560	Continued from page 3 shift, required at least 17 CNAs. -01/29/2025 had 7 CNAs for 136 residents on the day shift, required at least 17 CNAs. -01/30/2025 had 11 CNAs for 136 residents on the day shift, required at least 17 CNAs. -01/31/2025 had 8 CNAs for 136 residents on the day shift, required at least 17 CNAs. -02/01/2025 had 7 CNAs for 142 residents on the day shift, required at least 18 CNAs. -02/02/2025 had 6 CNAs for 142 residents on the day shift, required at least 18 CNAs. -02/03/2025 had 7 CNAs for 142 residents on the day shift, required at least 18 CNAs. -02/04/2025 had 9 CNAs for 142 residents on the day shift, required at least 18 CNAs. -02/05/2025 had 7 CNAs for 142 residents on the day shift, required at least 18 CNAs. -02/06/2025 had 9 CNAs for 142 residents on the day shift, required at least 18 CNAs. -02/07/2025 had 10 CNAs for 142 residents on the day shift, required at least 18 CNAs. -02/08/2025 had 8 CNAs for 142 residents on the day shift, required at least 18 CNAs.For the week of staffing from 03/30/2025 to 04/05/2025, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts, deficient in total staff for residents on 1 of 7 evening shifts and deficient in total staff for residents on 1 of 7 overnight shifts as follows:The facility also provided NO (0) CNAs on 04/04/2025 overnight shift for 130 residents-03/30/25 had 5 CNAs for 140 residents on the day shift, required at least 17 CNAs. -03/30/25 had 13.5 total staff for 140 residents on the evening shift, required at least 14 total staff. -03/31/25 had 7 CNAs for 140 residents on the day shift, required at least 17 CNAs. -04/01/25 had 12 CNAs for 138 residents on the day shift, required at least 17 CNAs. -04/02/25 had 10 CNAs for 138 residents on the day	S0560		

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S0560	Continued from page 4 shift, required at least 17 CNAs. -04/03/25 had 10 CNAs for 138 residents on the day shift, required at least 17 CNAs. -04/04/25 had 8 CNAs for 135 residents on the day shift, required at least 17 CNAs. -04/04/25 had 3 total staff for 135 residents on the day shift, required at least 10 total staff. -04/05/25 had 10 CNAs for 130 residents on the day shift, required at least 16 CNAs.For the week of staffing from 04/27/25 to 05/03/2025, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:-04/27/25 had 10 CNAs for 132 residents on the day shift, required at least 16 CNAs. -04/28/25 had 10 CNAs for 132 residents on the day shift, required at least 16 CNAs. -04/29/25 had 13 CNAs for 132 residents on the day shift, required at least 16 CNAs. -04/30/25 had 9 CNAs for 132 residents on the day shift, required at least 16 CNAs. -05/01/25 had 12 CNAs for 135 residents on the day shift, required at least 17 CNAs. -05/02/25 had 14 CNAs for 135 residents on the day shift, required at least 17 CNAs. -05/03/25 had 9 CNAs for 135 residents on the day shift, required at least 17 CNAs.For the 2 weeks of staffing from 08/03/25 to 08/16/2025, the facility was deficient in CNA staffing for residents on 12 of 14 day shifts as follows:-08/03/25 had 13 CNAs for 135 residents on the day shift, required at least 17 CNAs. -08/04/25 had 14 CNAs for 132 residents on the day shift, required at least 16 CNAs. -08/07/25 had 15 CNAs for 131 residents on the day shift, required at least 16 CNAs. -08/08/25 had 12 CNAs for 129 residents on the day shift, required at least 16 CNAs. -08/09/25 had 14 CNAs for 129 residents on the day shift, required at least 16 CNAs. -08/10/25 had 10 CNAs for 127 residents on the day shift, required at least 16 CNAs.	S0560		

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S0560	Continued from page 5 -08/11/25 had 12 CNAs for 126 residents on the day shift, required at least 16 CNAs. -08/12/25 had 15 CNAs for 126 residents on the day shift, required at least 16 CNAs. -08/13/25 had 13 CNAs for 126 residents on the day shift, required at least 16 CNAs. -08/14/25 had 14 CNAs for 126 residents on the day shift, required at least 16 CNAs. -08/15/25 had 13 CNAs for 126 residents on the day shift, required at least 16 CNAs. -08/16/25 had 13 CNAs for 131 residents on the day shift, required at least 16 CNAs.	S0560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315518	A. BUILDING B. WING	**09/13/2025**

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F0000	INITIAL COMMENTS An on-site revisit for the facility's Plan of Correction was conducted on 09/13/2025 in relation to the 08/21/2025 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

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12035	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/13/2025

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S0000	Initial Comments An on-site revisit for the facility's Plan of Correction was conducted on 09/13/2025 in relation to the 08/21/2025 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