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 10/28/2025

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 Survey: Complaint Intake ID#: 2616999 Survey Dates: 10/28/2028 Census: 147 Sample size: 3 The NJDOH conducted a Complaint Survey on 10/28/2025. The survey was officially completed on 10/28/2025. A Complaint Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The facility was in compliance, and no deficiencies were cited for this survey.	F0000		12/01/2025

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: 12035	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/28/2025

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S0000	Initial Comments The facility is 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		12/10/2025
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, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. This deficient practice was identified for 21 days shifts out of the 63 total shifts reviewed, as 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 at 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 than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and	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 staffing needs on the day shift. The Administrator and the Recruiter scheduled a weekly call to discuss needs and strategize to fill open positions. The Staffing Coordinator and Director of Nursing will meet 5 times per week 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 CNA's who are interested in picking up additional shifts to book these open shifts. Referral bonuses are offered for current employees who refer CNA's to our facility. Sign on bonuses are offered for all new	12/02/2025

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S0560	Continued from page 1 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 week of Complaint staffing from 09/14/2025 to 09/20/2025, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows: -09/14/25 had 13 CNAs for 138 residents on the day shift, required at least 17 CNAs. -09/15/25 had 13 CNAs for 138 residents on the day shift, required at least 17 CNAs. -09/16/25 had 16 CNAs for 135 residents on the day shift, required at least 17 CNAs. -09/17/25 had 14 CNAs for 135 residents on the day shift, required at least 17 CNAs. -09/18/25 had 14 CNAs for 135 residents on the day shift, required at least 17 CNAs. -09/19/25 had 13 CNAs for 135 residents on the day shift, required at least 17 CNAs. -09/20/25 had 13 CNAs for 138 residents on the day shift, required at least 17 CNAs. For the 2 weeks of Complaint staffing from 10/12/2025 to 10/25/2025, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -10/12/25 had 15 CNAs for 144 residents on the day shift, required at least 18 CNAs. -10/13/25 had 16 CNAs for 144 residents on the day shift, required at least 18 CNAs. -10/14/25 had 17 CNAs for 143 residents on the day shift, required at least 18 CNAs. -10/15/25 had 15 CNAs for 143 residents on the day shift, required at least 18 CNAs. -10/16/25 had 13 CNAs for 143 residents on the day shift, required at least 18 CNAs. -10/17/25 had 13 CNAs for 143 residents on the day shift, required at least 18 CNAs. -10/18/25 had 14 CNAs for 144 residents on the day shift, required at least 18 CNAs.	S0560	Continued from page 1 CNAs. The Administrator or designee will review the minutes from resident council meetings on a monthly basis to determine whether there are concerns with care related to staffing. The Director of Nursing or designee will audit staffing ratios 5 times a week. Results of these 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.	12/02/2025

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S0560	Continued from page 2 -10/19/25 had 12 CNAs for 144 residents on the day shift, required at least 18 CNAs. -10/20/25 had 12 CNAs for 141 residents on the day shift, required at least 18 CNAs. -10/21/25 had 12 CNAs for 140 residents on the day shift, required at least 17 CNAs. -10/22/25 had 14 CNAs for 140 residents on the day shift, required at least 17 CNAs. -10/23/25 had 14 CNAs for 139 residents on the day shift, required at least 17 CNAs. -10/24/25 had 14 CNAs for 139 residents on the day shift, required at least 17 CNAs. -10/25/25 had 15 CNAs for 139 residents on the day shift, required at least 17 CNAs. A review the undated facility policy titled, "Staffing, Sufficient and Competent Nursing" revealed the following under Policy Statement: The facility provides sufficient number of nursing staff with appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans the facility assessment.	S0560		12/02/2025

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/29/2025 in relation to the 10/28/2025 Recertification 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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New Jersey Department of Health

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/29/2025 in relation to the 10/28/2025 State of New Jersey Re-Licensure 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

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