STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315518	A. BUILDING _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VENETIAN CARE & REHABILITATION CENTER, THE	**275 JOHN T O'LEARY BOULEVARD SOUTH AMBOY, NJ 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
F 000	INITIAL COMMENTS COMPLAINT: # NJ00186850 CENSUS: 140 SAMPLE: 4 THE FACILITY IS NOT IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES, BASED ON THIS COMPLAINT VISIT.	F 000		
F 610 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: Complaint #: 186850 Based on interviews and medical record review	F 610	1. The CNA responsible for resident # 4 was suspended at time of the incident. Resident # 4 was assessed by social	7/4/25

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

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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 instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 610	Continued From page 1 (MR) and other pertinent facility documentation on 6/4/25, it was determined that facility failed to thoroughly investigate an NJ Exec Order 26.4b1 for 1 of 4 residents (Resident #4). This deficient practice was evidenced by the following: According to the "Admission Record (AR)" Resident #4 was admitted with diagnoses including but not limited to: NJ Exec Order 26.4b1 [redacted] A review of the Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4b1, revealed that Resident #4 had a Brief Interview of Mental Status (BIMS) score of NJ Exec Order 26.4b1 indicating that Resident #4 was NJ Exec Order 26.4b1 and was NJ Exec Order 26.4b1 with ADLs (Activities of Daily Living), NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 During an interview with the Surveyor on 6/4/25 at 12:30 P.M., Resident #4 stated that they were not able to remember the date or the exact time but stated that sometime after supper that someone came in the room and NJ Exec Order 26.4b1. Resident #4 stated the person NJ Exec Order 26.4b1 him/her NJ Exec Order 26.4b1 put a NJ Exec Order 26.4b1 on them, even though they don't wear NJ Exec Order 26.4b1 Resident #4 further stated that the person then started to put a NJ Exec Order 26.4b1 on them, and after he/she NJ Exec Order 26.4b1, they then took the NJ Exec Order 26.4b1 and put their NJ Exec Order 26.4b1 NJ Exec Order 26.4b1. Resident #4 stated that they are NJ Exec Order 26.4b1 who the individual was, because they NJ Exec Order 26.4b1. Resident stated that they told their family member about the issue. During a telephone interview with Resident #4's	F 610	worker on NJ Exec Order 26.4b1 and did not NJ Exec Order 26.4b1 any NJ Exec Order 26.4b1 from incident. 2. Residents involved in allegations of abuse have the potential to be affected. The Administrator that did not thoroughly investigate report of the resident being inappropriately touched was educated by the Regional Director of operations on the requirement of thoroughly investigating all abuse accusations including obtaining statements. Allegations of abuse last 90 days have been reviewed by the Regional Director of Operations. All investigation requirements have been completed per NJ Guidelines. 3. All staff were in-serviced on the policy and procedure for Abuse, including reporting and investigating and obtaining statements for any individuals involved on June 25,2025. The administrator and Director of Nursing were educated by the Regional Director of Nursing or designee on the Policy and Procedure for Abuse, including investigating abuse allegations including obtaining statements on 7/2/25. 4. The Regional Director of Operations or designee will audit reportable abuse allegations weekly for 4 weeks and then monthly to ensure statements have been obtained and investigated thoroughly. The Administrator will present the results of the audit monthly at the Quality Assurance meeting and quarterly to the Quality Assurance Committee for review and adressess, as appropriate. The	

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F 610	Continued From page 2 family member on 6/4/25 at 1:06 P.M., the family member stated the incident was video recorded and occurred on [redacted] and started at 8:57 P.M., and lasted until 9:20 P.M. The family member stated that the Certified Nursing Aide #1 (CNA #1) went into Resident #4's room, and stated to the resident, [redacted] " The family member stated that CNA#1 then [redacted] Resident #4's [redacted] he then goes to get a [redacted] and [redacted]. CNA #1 then [redacted] the resident with the [redacted] and the resident then [redacted] that it's [redacted] the family member states that CNA#1 then '[redacted] the [redacted] on the resident. The family member further stated that Resident #4 began to [redacted] ' CNA#1 then put Resident #4's [redacted] on. The family member stated that another aide came into the room and told CNA#1, "you're not supposed to do this for [resident]," and she got the resident out of bed and took them to the [redacted] The facility provided a "Reportable Event Record/Report" dated [redacted]. The summary and conclusion was included with the Reportable. The Administrator was not able to provide any statements regarding the incident. The [redacted] verified that she conducted the investigation for the incident. Surveyor attempted to call CNA#1 on 6/4/25 at 2:30 P.M., there was no answer, and call was not returned. During an interview with the [redacted] on 6/4/25 at 3:02 P.M., she stated that she was Resident #4's primary nurse on the night of the incident. The [redacted] stated that she	F 610	Quality Assurance Performance Improvement Committee will make recommendations based upon the results of the audits. Upon attaining consistent compliance, the Quality Assurance committee will determine the continuation of the audits.	

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F 610	Continued From page 3	F 610		

heard Resident #4 [NJ Exec Order] as she was passing by the room. She stated as she walked in the room, she observed CNA #1 providing care. She stated she then told CNA #1, "you don't need to do anything for Resident #4, they are [NJ Exec Order 26.4b1] [US FOIA (] stated that to [NJ Exec Or] Resident #4 [NJ Exec Order] she allowed Resident #4 to [NJ Exec Order 26.4b1] and [NJ Exec Order 26.] to her, because Resident #4 [NJ Exec Order 26.4b1] and did not have their NJ Exec Order 26.4b1 . She stated Resident #4 was [NJ Exec Order 2] "I have to go to the [NJ Exec Order 26.4b1] [US FOIA (] denied being asked to write a statement.

During an interview with the US FOIA (b)(6) on 6/4/25 at 3:36 P.M., she stated that she was notified of the incident on [NJ Exec Order 26.4] and she spoke to Resident #4's family member regarding the incident that occurred on [NJ Exec Order 26.4] She stated the family member stated they had mentioned that she felt Resident #4 was NJ Exec Order 26.4b1 , and they wanted to provide videos of the incident. Stated that she watched the video of the care, stated that she did not see CNA #1 [NJ Exec Orde] Resident #4 [NJ Exec Order 26.4b1] however, when CNA #1 [NJ Exec Order] Resident #4 [NJ Exec Order 26.4b1], the resident did say "[NJ Exec Order] Resident #4 allowed her to do a [NJ Exec Order 26.] assessment, and she did not see any [NJ Exec Order 26.4] on Resident #4's [NJ Exec Or] She further stated that she explained everything that was in the video to the US FOIA (b)(6) She denied writing a statement.

During an interview with the US FOIA (b)(6) on 6/4/25 at 4:10 P.M., she stated that during an investigation of [NJ Exec Order] that involves a staff member, the staff member is immediately suspended pending the investigation. The investigator then speaks to the involved residents, staff, and family members to find out

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F 610	Continued From page 4	F 610		

what happened. They would also speak to other [NJ Exec O] and [NJ Exec Order 26.4] residents on the [NJ Exec Order 26] staff member's assignment. The US FOIA (b)(6) stated she did not collect statements from other staff members that worked at the time of the incident, nor did she collect statements from other alert and oriented residents on the staff member's assignment. The US FOIA (b)(6) denied watching the video recording of the incident.

A review of the facility's policy presented by the Administrator, titled "Abuse. Neglect, Exploitation or Misappropriation-Reporting and Investigating" with a revision date of September 2022, , included but was not limited to the following: under the heading for "Policy Statement," it states, "All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported." Under the heading, "Investigating Allegations," it states: "1. All allegations are thoroughly investigated. The administrator initiates investigations ...7. The individual conducting the investigation as a minimum: a. reviews the documentation and evidence ...d. interviews the person(s) reporting the incident; e. interviews any witnesses to the incident; ...h. interviews staff members (on all shifts) who have contact with the resident during the period of the alleged incident ...j. interviews other residents to whom the accused employee provides care or services; ...l. thoroughly documents the investigation completely and thoroughly."

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F 610	Continued From page 5 N.J.A.C: 8:39-4.1 (a) 5, 12	F 610		

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S 000	Initial Comments Complaint #: COMPLAINT: # NJ00186850 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.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 14 of 14 day shifts. The deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance	S 560	1. No Residents Identified. Staff 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 the daily census and is used to ensure additional staff are scheduled to cover call outs.	7/4/25

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S 560	Continued From page 1 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 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 2 weeks of staffing prior to survey from 05/18/2025 to 05/31/2025, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -05/18/25 had 9 CNAs for 141 residents on the day shift, required at least 18 CNAs. -05/19/25 had 12 CNAs for 140 residents on the day shift, required at least 17 CNAs. -05/20/25 had 15 CNAs for 139 residents on the day shift, required at least 17 CNAs. -05/21/25 had 11 CNAs for 140 residents on the day shift, required at least 17 CNAs. -05/22/25 had 12 CNAs for 138 residents on the day shift, required at least 17 CNAs -05/23/25 had 13 CNAs for 136 residents on the day shift, required at least 17 CNAs. -05/24/25 had 13 CNAs for 134 residents on the	S 560	2. All residents have the potential to be affected by this practice. 3. The action plan for back up staff to ensure meeting staffing to resident ratios was reviewed and updated as follow: An on-call pool of nursing staff was developed that includes CNAs, LPNs, and RNs as needed. Additional incentives are provided to on call staff. The software utilized by the facility for staffing enables the off-shift supervisors and nurse managers to quickly contact staff who are interested in picking up additional shifts. The Culture committee plans events to recognize all staff with additional incentives for those who go above and beyond caring for residents. The cultural committee will review recommendations from the Staffing Performance Improvement Project (PIP) members and nursing staff meetings for implementation and will review and address both internal and external barriers identified by the PIP. Administration has formed a staffing committee and has conducted salary analyses and implemented creative strategies for attracting new employees. Bonuses and incentive programs	

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S 560	Continued From page 2 day shift, required at least 17 CNAs. -05/25/25 had 10 CNAs for 134 residents on the day shift, required at least 17 CNAs. -05/26/25 had 11 CNAs for 134 residents on the day shift, required at least 17 CNAs. -05/27/25 had 16 CNAs for 134 residents on the day shift, required at least 17 CNAs. -05/28/25 had 10 CNAs for 134 residents on the day shift, required at least 17 CNAs. -05/29/25 had 13 CNAs for 138 residents on the day shift, required at least 17 CNAs. -05/30/25 had 15 CNAs for 138 residents on the day shift, required at least 17 CNAs. -05/31/25 had 11 CNAs for 138 residents on the day shift, required at least 17 CNAs.	S 560	previously implemented to attract and to retain current staff have been reviewed and modified to attract more new hires. Referral bonuses for current employees supports filling vacant positions as well as retaining current staff. An employee recognition committee comprised of front-line workers was implemented to plan events to improve the morale of staff, recognize the exemplary services provided by staff, and make the work environment enjoyable. Quarterly employee appreciation events are planned by the employee recognition committee to improve retention and attract new employees. Improvements in the environment and working conditions have helped attract new staff. The facility utilizes all types of social and digital media as well as recruiters to identify and hire new staff. The facility management team is working with the union to promote cooperation, to enhance hiring, and minimize call outs. 4. Administrator/designee will reviews the minutes from monthly resident council meetings to determine whether there are any concerns regarding care and services. Administrator/designee reviews daily staffing meeting to determine whether all	

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S 560	Continued From page 3	S 560	efforts are resulting in meeting staffing requirements. The Administrator or designee will review staffing par levels monthly at the QAPI meeting.	
S1680	8:39-25.2(b)(1)&(2) Mandatory Nurse Staffing (b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a)) on the basis of: 1. Total number of residents multiplied by 2.5 hours/day; plus 2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day: Wound care 0.75 hour/day Nasogastric tube feedings and/or gastrostomy 1.00 hour/day Oxygen therapy 0.75 hour/day Tracheostomy 1.25 hours/day Intravenous therapy	S1680		7/4/25

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S1680	Continued From page 4 1.50 hours/day Use of respirator 1.25 hours/day Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day This REQUIREMENT is not met as evidenced by: Based on review of the Nurse Staffing Reports for the weeks of 5/18/2025-5/31/25, it was determined that the facility failed to provide at least minimum staffing levels for 1 of 14 days. The required staffing hours and actual staffing	S1680	1. No residents were impacted by the staffing levels. 2. All residents have the potential to be affected by this practice.	

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S1680	Continued From page 5 hours are as follows: For the 2 weeks of AAS-12 staffing from 05/18/2025 to 05/31/2025, the facility was deficient in total staffing on 1 of 14 days as follows: For the week of 05/18/2025 Required staffing hours: 372.25 -05/18/2025 had 336 actual staffing hours, for a difference of -36.25 hours.	S1680	3. The recruitment team will continue to set up interviews. All interviewees are onboarded at the time of the interview. Orientation is scheduled within 1 weeks time and orientation is held weekly. The staffing coordinator will contact all staff daily to communicate all available shifts. All call outs will be reviewed by the DON and Administrator on a daily basis and retroactively make every effort to replace staff members. Sign on bonuses are offered for all shifts. Licensed nurses from the nursing management team will assist in covering shifts as needed. Overtime will be offered as needed. The Administrator and DON, along with the staffing coordinator will monitor staffing levels daily in the daily labor management meeting. The DON or designee will monitor staffing ratios and document a review of staffing weekly for three months. Acuities levels will be reviewed and monitored to ensure that the staffing levels are appropriate. 4. The audits and acquity levels will be presented to the Administrator weekly. The audits will be discussed at the monthly QAPI meeting to determine if continued compliance is needed. Once compliance is achieved for 2 consecutive months, the plan will be amended as needed.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315518 Y1	A. Building B. Wing Y2	7/7/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
VENETIAN CARE & REHABILITATION CENTER, THE	275 JOHN T O'LEARY BOULEVARD SOUTH AMBOY, NJ 08879

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0610	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.12(c)(2)-(4)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	07/04/2025	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
6/4/2025	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
12035 Y1	A. Building B. Wing Y2	7/7/2025 Y3

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VENETIAN CARE & REHABILITATION CENTER, THE	275 JOHN T O'LEARY BOULEVARD SOUTH AMBOY, NJ 08879

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix S1680	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # 8:39-25.2(b)(1)&(2)	Completed	Reg. #	Completed
LSC	07/04/2025	LSC	07/04/2025	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
6/4/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO