STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315461	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERLIN REHABILITATION AND HEALTHCARE CENTER	**100 LONG-A-COMING LANE , BERLIN, New Jersey, 08009**

(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 Complaint #: 404378, 2584464, 2661234 Survey Dates: 1/15/26 Census: 123 Sample Size: 4 The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F0000		01/02/2026

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

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: 156001	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/15/2026

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S0000	Initial Comments 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		01/30/2026
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: 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 13 day shifts. 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 duties: and one direct care staff member to every 14 residents for the night shift, provided	S0560	1. Corrective Action Taken for Residents Found to Be Affected · All residents who were identified as being affected by insufficient staffing during the survey were immediately assessed for unmet needs, including ADLs, safety, supervision, and clinical needs. No further negative outcomes were identified. 2. How We Will Identify Other Residents at Risk and Provide Corrections · A complete facility-wide review of staffing levels with the staffing coordinator during the past 14 days was conducted to identify any units, shifts, or days where staffing may not have met resident needs. · Any potential areas of risk identified were corrected immediately by adjusting schedules. · Department heads and Unit Managers were interviewed to identify patterns of missed care or delays that may have placed additional residents at risk. · Ongoing monitoring will ensure no additional residents are impacted. 3. Measures/Systemic Changes to Prevent Recurrence To ensure sustained compliance with staffing requirements, the facility will implement the	02/13/2026

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S0560	Continued from page 1 that each direct care staff member shall sign in to work as a CNA and perform CNA duties. For the 2 weeks of complaint staffing 12/28/25-1/10/26, the facility was deficient in CNA staffing for residents 13 of 14 Days as follows: -12/28/25 had 11 CNAs for 120 residents on the day shift, required at least 15 CNAs. -12/29/25 had 11 CNAs for 119 residents on the day shift, required at least 15 CNAs. -12/30/25 had 13 CNAs for 119 residents on the day shift, required at least 15 CNAs. -1/1/26 had 13 CNAs for 119 residents on the day shift, required at least 15 CNAs. -1/2/26 had 9 CNAs for 121 residents on the day shift, required at least 15 CNAs. -1/3/26 had 13 CNAs for 118 residents on the day shift, required at least 15 CNAs. -1/4/26 had 13 CNAs for 118 residents on the day shift, required at least 15 CNAs. -1/5/26 had 12 CNAs for 118 residents on the day shift, required at least 15 CNAS. -1/6/26 had 13 CNAs for 118 residents on the day shift, required at least 15 CNAs. -1/7/26 had 12 CNAs for 118 residents on the day shift, required at least 15 CNAs. -1/8/26 had 14 CNAs for 118 residents on the day shift, required at least 15 CNAs. -1/9/26 had 14 CNAs for 118 residents on the day shift, required at least 15 CNAs. -1/10/26 had 14 CNAs for 125 residents on the day shift, required at last 16 CNAs.	S0560	Continued from page 1 following systemic changes: · The master staffing plan has been reviewed and updated to align with current census, acuity, and resident dependency levels. · A daily acuity-based staffing tool will be used by nursing leadership to match staffing to resident needs. · Ongoing monitoring system has been put in place to reduce gaps and prevent unfilled shifts. · Hiring and Retention Initiatives: The facility has increased recruitment efforts, including Weekly open interviews, partnerships with CNA training programs, employee referral incentives, retention efforts include mentorship programs and targeted support to reduce turnover. · Staff Education: All nursing leadership and supervisors were re-educated on federal and state staffing requirements, acuity-based assignment, documentation expectations related to missed care or delayed care, education completed on 2/13/26. · The DON/Administrator or designee will review staffing levels: Daily for 4 weeks, then 3 times weekly for 2 months, then weekly for 3 months, and monthly thereafter. 4. Monitoring to Ensure Ongoing Compliance A Staffing Compliance Audit Tool will be completed by the DON/Administrator or designee per the frequency noted above. Audits will review: · Actual vs. required staffing · Call-off patterns Results will be reviewed weekly in the QAPI meeting for 3 months, then monthly thereafter. Any non-compliance found during monitoring will result in immediate corrective action and re-education.	02/13/2026

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F0000	INITIAL COMMENTS There were no federal deficiencies identified.	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 3/18/26 in relation to the 1/15/26 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		03/18/2026

Office of Primary Care and Health Systems Management

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