STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315009	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUNNELLS CENTER FOR REHABILITATION & HEALTHCARE	**40 WATCHUNG WAY , BERKELEY HEIGHTS, New Jersey, 07922**

(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 #s: 2982968, 2979821, 2788125, 2805119 Census: 254 Sample Size: 5 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		05/17/2026
F0745 SS = D	Provision of Medically Related Social Service CFR(s): 483.40(d) §483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This REQUIREMENT is NOT MET as evidenced by: Based on interviews and review of pertinent facility documentations on 4/13/26, 4/16/26, and 4/17/26, it was determined that the facility U.S. FOIA (b)(6) failed to review an electronic mail (email) message dated [redacted] about an alleged [redacted]. The deficient practice was identified for 1 of 5 residents (Resident #1) reviewed for [redacted] and [redacted] and was evidenced by the following: A review of the Minimum Data Set (MDS), an assessment tool dated [redacted], revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, indicating the resident's [redacted] was NJ Exec Order 26.4b1. The MDS further revealed that the resident required [redacted] from staff for completion of their activities of daily living (ADLs). On 4/16/26 at 12:18 PM, the surveyor interviewed Resident #1 concerning the [redacted] incident. Resident #1 stated that it was nighttime and 2 female nurses, described as one with [redacted] hair and the other with [redacted] hair, [redacted] their [redacted] and [redacted] at me". The resident denied staff being [redacted] with their [redacted] cleaning or causing [redacted].	F0745	F0745 Element 1 – Corrective Actions Social Services and interdisciplinary team were re-educated on immediate reporting and escalation of all NJ Ex Order 26.4(b)(1) [redacted], including concerns received electronically. U.S. FOIA (b)(6) employment was terminated. Resident #1 was immediately assessed/interviewed regarding [redacted] and [redacted] status. Investigation initiated and completed per facility policy. Facility review of grievances and complaints was completed to identify any delayed or missed reporting. No other issues were found. Element 2 – Identification of At Risk Residents All residents with grievances, complaints, abuse allegations, or concerns communicated verbally, electronically, or in writing had the potential to be affected.	05/18/2026

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: 315009	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUNNELLS CENTER FOR REHABILITATION & HEALTHCARE	**40 WATCHUNG WAY , BERKELEY HEIGHTS, New Jersey, 07922**

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F0745 SS = D	Continued from page 1 NJ Exec Order 26.4b1 [redacted] Resident #1 stated that staff only used NJ Exec Order 26.4b1 at them. The resident did not report this incident to staff but told a family member about it the next day. On 4/16/26 at 1:56 PM, surveyor interviewed the U.S. FO who stated that Resident #1's CC NJ Exec Order 26 her NJ Exec Order 26.4b1, regarding NJ Exec O concerns, as well as somebody [redacted] at the resident. The U.S. FOIA stated that she returned to work on Tuesday NJ Exec Order 26 and that day in morning clinical meeting she made the clinical team aware of the email. The U.S. FO was unable to say if the NJ Ex Order 26.4(b)(1 were investigated. The surveyor requested grievances for the month of NJ Exec O [redacted]. A review of the email from Resident #1's CC to the facility U.S. FO dated NJ Exec Order 2 at 4:21 PM revealed NJ Exec Order 26.4b1 of NJ Exec Ord care and NJ Exec Order 26.4b1 by staff who were NJ Exec Order 26.4b1 at Resident #1. On 4/16/26 at 1:56 PM, the surveyor interviewed the U.S. FOIA (b)(6) [redacted] together with the U.S. FOIA (b)(6) [redacted]). The U.S. FOIA (b) and the U.S. FOIA (b) stated that they did not know about the NJ Exec Order NJ Exec Orde unti NJ Exec Order 26 when the U.S. FOIA handed the CC's email to the U.S. FOIA (b) A review of the facility's policy, Abuse, Neglect, Misappropriation Prevention Policy and Procedure, revised 8/29/19, under Verbal Abuse revealed, includes the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families or within their hearing distance, regardless of their age, ability to comprehend, or disability. Under Identification revealed, 4.Staff members must report to his/her immediate supervisor, department head or the administrator any suspected, actual or allegations of abuse, neglect or mistreatment. N.J.A.C. 8:39-27.1(a), 39.4(g),(i)	F0745	Continued from page 1 Element 3 – Systemic Change Facility Abuse prevention/reporting and Grievance policy were reviewed and reinforced with Social Services, Nursing, and Administrative staff, with emphasis on timely reporting, escalation, and documentation of all allegations and resident concerns Process implemented for daily review/escalation of grievances, emails, and family concerns, including coverage during staff absences. The Administrator/designee will conduct weekly audits for four weeks, followed by monthly audits for three months. Audit findings will be incorporated into the facility's QAPI process to ensure ongoing compliance and sustainability. The facility implemented a process to ensure coverage during staff absences. Department heads/designees will arrange monitoring of urgent communications, including emails related to grievances, allegations, abuse, neglect, or resident concerns, including forwarding urgent communications to designated cell phones as appropriate, to ensure timely follow-up and reporting. Element 4 – QAPI to Sustain Compliance The Administrator/designee will submit grievance and abuse reporting audit results monthly for three (3) months to the Quality Assurance and Performance Improvement (QAPI) Committee for review. Following three (3) months of monitoring, the committee will evaluate the effectiveness of corrective actions and determine whether continued monitoring and/or additional system changes are required.	05/18/2026

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 22001L	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUNNELLS CENTER FOR REHABILITATION & HEALTHCARE	**40 WATCHUNG WAY , BERKELEY HEIGHTS, New Jersey, 07922**

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S0000	Initial Comments Complaint #s: 2982968, 2979821, 2788125, 2805119 Census: 254 Sample Size: 5 The facility was 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		05/17/2026

Office of Primary Care and Health Systems Management

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: 315009	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUNNELLS CENTER FOR REHABILITATION & HEALTHCARE	**40 WATCHUNG WAY , BERKELEY HEIGHTS, New Jersey, 07922**

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 05/19/2026 in relation to the 04/17/2026 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.

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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 22001L	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/19/2026

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 05/19/2026 in relation to the 04/17/2026 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