STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLENDALE REHABILITATION AND HEALTHCARE CENTER	**85 HARRETON ROAD , ALLENDALE, New Jersey, 07401**

(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 #: 2596055, 2611782, 2738989 Survey date: 04/30/2026 Census: 107 Sample Size: 7 THE FACILITY WAS IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG-TERM CARE FACILITIES.	F0000		05/12/2026

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: 060201	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/30/2026

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ALLENDALE REHABILITATION AND HEALTHCARE CENTER	**85 HARRETON ROAD , ALLENDALE, New Jersey, 07401**

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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		05/12/2026
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 maintain the required minimum direct care staff-to-shift ratios as mandated by the state of New Jersey for 5 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. Reference: New Jersey Department of Health (NJDOH) memo, dated 1/28/21, "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 2/01/21: 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 needs. The Administrator, Staffing Coordinator 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 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 work at our facility.	05/14/2026

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060201	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/30/2026

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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. Review of the New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report revealed the facility was deficient in CNA staffing for residents on 5 of 14-day shifts as follows: For the 2 weeks of staffing prior to survey from 4/12/26-4/25/26, the facility was deficient in CNA staffing for residents on 5 of 14-day shifts as follows: On 04/12/2026 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs. On 04/17/2026 had 12 CNAs for 108 residents on the day shift, required at least 13 CNAs. On 04/19/2026 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs. On 04/20/2026 had 12 CNAs for 102 residents on the day shift, required at least 13 CNAs. On 04/23/2026 had 12 CNAs for 102 residents on the day shift, required at least 13 CNAs.	S0560	Continued from page 1 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 will audit staffing ratios on a daily basis to ensure compliance with required staffing ratios. 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.	05/14/2026

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F0000	INITIAL COMMENTS There was no federal citation cited for this survey.	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 05/27/2026 in relation to the 04/30/2026 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

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