

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>315171</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>11/21/2025</b>	
NAME OF PROVIDER OR SUPPLIER <b>OAKLAND REHABILITATION AND HEALTHCARE CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>20 BREAKNECK ROAD , OAKLAND, New Jersey, 07436</b>			
(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	<p>INITIAL COMMENTS</p> <p>Complaint #: 2613096,2622335,2623859</p> <p>Survey Dates: 11/21/25</p> <p>Survey Census: 198</p> <p>Sample Size: 9</p> <p>THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>			F0000			12/02/2025

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
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New Jersey State Department of Health

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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			12/11/2025	
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:  Complaint #: 2613096,2622335,2623859  Based on review of facility documents on 09/14/2025 to 09/27/2025 and 11/02/2025 to 11/15/2025, it was determined that the facility failed to ensure staffing ratios were met for 20 of 28-day shifts reviewed. This deficient practice had the potential to affect all residents.  Findings include:  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		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.  a) The Staffing Coordinator was in-serviced on 12/2/2025 by the Administrator and the Director of Nursing regarding the required CNA staffing ratios.  b) The facility hired an in-house dedicated recruiter  c) The Administrator, the HR Director and the Recruiter scheduled a daily call to discuss needs and strategize to fill open positions.  d) 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.  e) The facility initiated daily staffing and recruitment calls with corporate consultants, facility Admin, HR Director, Recruiter and the Staffing		12/12/2025	

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1 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.</p> <p>-09/14/25 had 16 CNAs for 192 residents on the day shift, required at least 24 CNAs.</p> <p>-09/15/25 had 22 CNAs for 189 residents on the day shift, required at least 24 CNAs.</p> <p>-09/16/25 had 21 CNAs for 189 residents on the day shift, required at least 24 CNAs.</p> <p>-09/17/25 had 22 CNAs for 189 residents on the day shift, required at least 24 CNAs.</p> <p>-09/18/25 had 20 CNAs for 189 residents on the day shift, required at least 24 CNAs.</p> <p>-09/19/25 had 22 CNAs for 191 residents on the day shift, required at least 24 CNAs.</p> <p>-09/20/25 had 20 CNAs for 191 residents on the day shift, required at least 24 CNAs.</p> <p>-09/21/25 had 18 CNAs for 194 residents on the day shift, required at least 24 CNAs.</p> <p>-09/22/25 had 22 CNAs for 194 residents on the day shift, required at least 24 CNAs.</p> <p>-09/23/25 had 23 CNAs for 194 residents on the day shift, required at least 24 CNAs.</p> <p>-09/24/25 had 22 CNAs for 194 residents on the day shift, required at least 24 CNAs.</p> <p>-09/26/25 had 23 CNAs for 197 residents on the day shift, required at least 25 CNAs.</p> <p>-09/27/25 had 20 CNAs for 197 residents on the day shift, required at least 25 CNAs.</p> <p>-11/02/25 had 23 CNAs for 191 residents on the day shift, required at least 24 CNAs.</p> <p>-11/04/25 had 23 CNAs for 191 residents on the day shift, required at least 24 CNAs.</p> <p>-11/07/25 had 22 CNAs for 196 residents on the day</p>		S0560	<p>Continued from page 1 Coordinator</p> <p>f) 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.</p> <p>g) Referral bonuses are offered for current employees who refer CNA's to our facility. Sign-on bonuses are offered for all new CNAs.</p> <p>Starting on 12/2/2025 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. Starting on 12/2/2025 the Director of Nursing will audit staffing ratios on a daily basis. 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.</p>			

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S0560	<p>Continued from page 2 shift, required at least 24 CNAs.</p> <p>-11/09/25 had 22 CNAs for 197 residents on the day shift, required at least 25 CNAs.</p> <p>-11/12/25 had 24 CNAs for 197 residents on the day shift, required at least 25 CNAs.</p> <p>-11/14/25 had 23 CNAs for 198 residents on the day shift, required at least 25 CNAs.</p> <p>-11/15/25 had 21 CNAs for 197 residents on the day shift, required at least 25 CNAs.</p>		S0560				

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F0000	<b>INITIAL COMMENTS</b>  An offsite/desk review of the facility's Plan of Correction was conducted on 12/16/25 in relation to the 11/21/25 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.			F0000			12/16/2025

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S0000	Initial Comments  An offsite/desk review of the facility's Plan of Correction was conducted on 12/16/25 in relation to the 11/21/25 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			

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