

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315128		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 11/17/2025	
NAME OF PROVIDER OR SUPPLIER MOUNT HOLLY REHABILITATION & HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 62 RICHMOND AVENUE , LUMBERTON, New Jersey, 08048			
(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 #: 2566654, 2572182, 396903, 396904, 396908</p> <p>Census: 169</p> <p>Sample Size: 9</p> <p>The NJDOH conducted a Complaint survey on 11/13/2025 and 11/17/2025. The survey was officially completed on 11/17/2025. 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			11/28/2025

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
---	-------	-----------

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60310		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 11/17/2025	
NAME OF PROVIDER OR SUPPLIER MOUNT HOLLY REHABILITATION & HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 62 RICHMOND AVENUE , LUMBERTON, New Jersey, 08048			
(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	
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			12/04/2025	
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 #: 2566654, 2572182, 396903, 396904, 396908 Based on interviews and review of facility documents on 11/13/2025, it was determined that the facility failed to ensure staffing ratios were met for 12 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 no fewer of all staff members shall be CNAs and each		S0560	I An ongoing staffing analysis is reviewed by shift to determine the amount of direct care staff and 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. Vacancy and retention rates are analyzed weekly by the DON, Staffing Coordinator, and Administrator and communicated to the corporate team to ensure adequate staffing to identify additional hiring to ensure care needs and regulatory requirements are met. Forfeit of Employee Benefits "No frills" rates were increased from \$3 to \$4 per hour. Exit interviews are conducted to determine reasons for nursing staff separation with resignations. Daily recruitment and onboarding calls are held with the facility management and regional support teams. Corporate reviews are conducted daily of prior day staffing of actual to scheduled Aides to determine if the ratio of aide to resident is met with actions taken based on reviews. OnShift software is used to ensure daily staffing complies with regulatory requirements and resident acuities and is used off shifts by nursing supervisors		12/04/2025	

Office of Primary Care and Health Systems Management

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

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60310		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 11/17/2025	
NAME OF PROVIDER OR SUPPLIER MOUNT HOLLY REHABILITATION & HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 62 RICHMOND AVENUE , LUMBERTON, New Jersey, 08048			
(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)		
S0560	<p>Continued from page 1 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>For the week of Complaint staffing from 06/01/2025 to 06/07/2025, the facility was deficient in CNA staffing for residents on 4 of 7 day shifts as follows:</p> <p>On 06/01/25 had 16 CNAs for 163 residents on the day shift, required at least 20 CNAs.</p> <p>On 06/03/25 had 18 CNAs for 162 residents on the day shift, required at least 20 CNAs.</p> <p>On 06/04/25 had 19 CNAs for 162 residents on the day shift, required at least 20 CNAs.</p> <p>On 06/07/25 had 16 CNAs for 155 residents on the day shift, required at least 19 CNAs.</p> <p>For the week of Complaint staffing from 07/13/2025 to 07/19/2025, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows:</p> <p>On 07/13/25 had 18 CNAs for 154 residents on the day shift, required at least 19 CNAs.</p> <p>For the 2 weeks of staffing prior to complaint survey from 10/26/2025 to 11/08/2025, the facility was deficient in CNA staffing for residents on 7 of 14-day shifts as follows:</p> <p>On 10/27/25 had 19 CNAs for 161 residents on the day shift, required at least 20 residents.</p> <p>On 10/28/25 had 16 CNAs for 161 residents on the day shift, required at least 20 residents.</p> <p>On 10/31/25 had 19 CNAs for 159 residents on the day shift, required at least 20 residents.</p> <p>On 11/01/25 had 19 CNAs for 159 residents on the day shift, required at least 20 residents.</p> <p>On 11/06/25 had 19 CNAs for 165 residents on the day shift, required at least 21 residents.</p> <p>On 11/07/25 had 20 CNAs for 173 residents on the day shift, required at least 22 residents.</p> <p>On 11/08/25 had 18 CNAs for 170 residents on the day</p>			S0560	<p>Continued from page 1 to cover call outs.</p> <p>The staffing schedule was reviewed by the DON, DON consultant, Administrator, and the staffing coordinator to identify by shift the required number of direct care and licensed nursing staff based on current and projected census.</p> <p>Staffing schedules include scheduling additional on call direct care staff to cover unexpected call outs.</p> <p>Innovative scheduling is being used to ensure adequate licensed nursing staff meet the regulatory requirements and resident care needs based on acuties. This includes per diem and RN admission nurses and part time or per diem Nurses to cover callouts and vacations of regularly scheduled staff.</p> <p>Assignments were reviewed to assure residents with high acuities are equally distributed on direct care staff assignments.</p> <p>Performance evaluations are completed and targeted education provided to staff to ensure they feel competent in their role to enhance job satisfaction.</p> <p>Job applications are readily available at the reception desk to ensure individuals looking for a job can be provided with an application immediately and an interview can be coordinated that same day to expedite hiring.</p> <p>Signs are posted in and outside the facility and in local community settings to attract new hires.</p> <p>Phones calls have been made to prior employees who resigned in good standing to inform them of current rates and interest in rehiring.</p> <p>II</p> <p>All residents have the potential to be affected by this practice.</p> <p>III</p> <p>The action plan for back up staff to ensure meeting staffing to resident ratios was reviewed and updated as follow:</p>		

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60310		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 11/17/2025	
NAME OF PROVIDER OR SUPPLIER MOUNT HOLLY REHABILITATION & HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 62 RICHMOND AVENUE , LUMBERTON, New Jersey, 08048			
(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	
S0560	Continued from page 2 shift, required at least 21 residents.		S0560	<p>Continued from page 2</p> <p>An on-call pool of nursing staff was developed that includes CNAs, LPNs, and RNs as needed with sister facilities in the area. The pool expands the current on call staff from within the facility. Additional incentives are provided to on call staff. Transportation to the facility via facility transport and/or Uber or other transportation methods will be offered to staff as part of the pool.</p> <p>Transportation pools are also available to staff who may live in similar geographic areas to attract and retain employees.</p> <p>Agreements are in place with sister facilities to utilize extra staff as needed, ensuring adequate staff and providing employees throughout the organization with access to additional hours of work.</p> <p>The On Shift software utilized by the facility enables the off-shift supervisors and nurse managers to quickly contact staff who are interested in picking up additional shifts.</p> <p>The corporate Cultural 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.</p> <p>The facility will secure contracts for supplemental staffing that will be used as needed.</p> <p>Administration has formed a staffing committee and has conducted salary analyses and implemented creative strategies for attracting new employees to minimize the use of agency personnel with the goal of zero use of supplemental staffing.</p> <p>Bonuses and incentive programs previously implemented to attract and to retain current staff have been reviewed and modified to attract more new hires.</p> <p>Referral bonuses for current employees supports filling vacant positions as well as retaining current staff.</p> <p>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.</p>			

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60310		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 11/17/2025	
NAME OF PROVIDER OR SUPPLIER MOUNT HOLLY REHABILITATION & HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 62 RICHMOND AVENUE , LUMBERTON, New Jersey, 08048			
(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
S0560				S0560	<p>Continued from page 3</p> <p>Quarterly employee appreciation events are planned by the employee recognition committee to improve retention and attract new employees.</p> <p>Improvements in the environment and working conditions have helped attract new staff.</p> <p>The facility utilizes all types of social and digital media as well as headhunters to identify and hire new staff.</p> <p>The facility management team is working with the union to promote cooperation, to enhance hiring, and minimize call outs.</p> <p>IV</p> <p>Daily staffing levels are reported to the facility core team and management company and additional incentives are provided for working an extra shift if needed. The success of bonuses and incentives is analyzed by the facility Administrator and Director of Nursing who make recommendations to the QAPI compliance committee at weekly meetings regarding what incentives or bonuses are attracting new hires.</p> <p>Staffing is discussed at daily morning operations meetings and recommendations solicited from the management team about ways to attract new hires to fill vacant positions.</p> <p>Staffing levels of direct care staff and license staff recruitment efforts are discussed daily by nursing management and the administrator, are reported monthly to the corporate clinical team, and are reviewed at the quarterly QAPI committee meetings.</p> <p>Vacancy rates are reviewed weekly by the Director of Nursing and discussed with the Administrator. The effectiveness of strategies to attract and retain staff are discussed and strategies modified as needed. Findings are also discussed monthly with the corporate team that provides direct assistance with recruitment efforts.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315128		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/05/2025	
NAME OF PROVIDER OR SUPPLIER MOUNT HOLLY REHABILITATION & HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 62 RICHMOND AVENUE , LUMBERTON, New Jersey, 08048			
(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 An offsite/desk review of the facility's Plan of Correction was conducted on 12/5/25 in relation to the 11/17/25 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.			F0000			12/09/2025

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
---	-------	-----------

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60310		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/05/2025	
NAME OF PROVIDER OR SUPPLIER MOUNT HOLLY REHABILITATION & HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 62 RICHMOND AVENUE , LUMBERTON, New Jersey, 08048			
(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	
S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/5/25 in relation to the 11/17/25 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				

Office of Primary Care and Health Systems Management

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