STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315294	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREST HAVEN NURSING AND REHABILITATION CENTER	**4 MOORE ROAD DN 619, CAPE MAY COURT HOUSE, New Jersey, 08210**

(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 Complaints #: 2563285 Survey Date: 10/30/2025 Census: 87 Sample Size: 3 A Complaints Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey. 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		11/23/2025
F0656 SS = D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized	F0656	Corrective measures cannot be implemented for Resident #1. Resident #1 was successfully discharged from the facility on [redacted NJ Ex Order 26.4(b)(1)] All residents who exercise their right to refusal and non-compliance with facility provided treatments and services might be affected by the deficient practice. Director of Nursing (DON) will educate licensed nurses on the importance of developing and implementing Individualized Comprehensive Care Plan (ICCP) for residents who refuse or are non-compliant with treatments and services provided by the facility, and for residents who have specific meal preferences. DON or a designee will audit ICCP of residents presenting refusals, non-compliance, and meal preferences to ensure that ICCP includes an appropriate focus addressing the matter. The audit will be conducted weekly for four weeks, and then monthly for two months. Findings of the audits will be reported to the monthly Quality Assurance and Performance Improvement (QAPI) Committee. Based on the findings, the QAPI Committee will make necessary recommendations if needed.	11/24/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315294	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/30/2025

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F0656 SS = D	Continued from page 1 rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is NOT MET as evidenced by: Complaint #2563285 Based on observation, interview, and review of other pertinent facility documents, it was determined that the facility failed to develop and implement an individualized comprehensive care plan (ICCP) for a resident who was NJ Exec Order 26.4b1 with receiving treatments and meals prepared in the facility. This deficient practice was identified for 1 of 3 residents sampled (Resident #1) and was evidenced by the following: On 10/30/2025 at 8:30 AM, the surveyor reviewed Resident #1's medical record. A review of the Admission Record face sheet reflected the resident had diagnoses that included but not limited to NJ Ex Order 26.4(b)(1)), NJ Ex Order 26.4(b)(1)), and NJ Ex Order 26.4(b)(1) . A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4(b), revealed	F0656		

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F0656 SS = D	Continued from page 2 that the resident had a Brief Interview for Mental Status (BIMS) score of [NJ E] out of 15 which indicated [NJ Ex Order 26.4(b)(1)]. The Resident [NJ Ex Orde] Interview indicated that the resident had [NJ Ex O]. Further review of the MDS revealed the resident had [NJ Ex Order 26.4(b)(1)]). A review of the Order Summary Report (OSR) with orders active as of [NJ Ex Order 26.4], revealed the following: - [NJ Ex Order 26.4(b)(1)] with [NJ Ex Order 26.4(b)(1)] with [NJ Ex Order 26.4(b)(1)], and apply [NJ Ex Order 26.4(b)(1)]) every day and evening shift for [NJ Ex Order] care. Use until orders are in place for [NJ Ex Order] started on [NJ Ex Order 26.4(b)(]. - [NJ Ex Order 26.4(b)(1)] at bedtime for [NJ Ex Order] for [NJ Exec Order 26]. - [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)] every day and evening shift for [NJ Ex Order] for [NJ Exec Order 26]. - Monitor for refusals with ADLs, medication administration, treatments every shift for monitoring started on [NJ Ex Order 26.]. A review of the Treatment Administration Record (TAR) for the month of [NJ Ex Order 26.4(b)(1], revealed the resident's refusal of the ordered treatments on the evening shift of [NJ Ex Order 26.4(b)(], morning and evening shifts on [NJ Ex Order 26.4(b)], and on the morning shift of [NJ Ex Order 26.4(b)(]. A review of the Treatment Administration Record (TAR) for the month of [NJ Ex Order 26.4(b)] revealed the resident's refusal of the ordered treatments on the day and evening shifts of [NJ Ex Order 26.4(]. A review of the nursing progress notes reflected the resident's refusal of the ordered treatments on the evening shift of [NJ Ex Order 26.4(b)(1] morning and evening shifts on [NJ Ex Order 26.4(b)], and on the morning shift of [NJ Ex Order 26.4(b)(] and on the day and evening shifts of [NJ Ex Order 26.4(b)]. A review of the nursing progress notes reflected the resident's refusal of meals specifically breakfast and lunch on [NJ Ex Order 26.4(b)(1] lunch on [NJ Ex Order 26.4(b)], and dinner on [NJ Ex Order 26.4(b)(]. The nursing progress notes dated [NJ Ex Order 26.4(b)] and [NJ Ex Order 26.4(b)], revealed the resident's [NJ Ex Order 2] notifying the	F0656		

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F0656 SS = D	Continued from page 3 nurses in charge about the resident's preference for home-cooked food. A review of Resident #1's comprehensive care plan did not include a focus addressing the resident's refusal of ordered treatments and preference for home-cooked meals. On 10/30/2025 at 12:38 PM, during an interview with the surveyor, the U.S. FOIA (b) (6) stated that care plans are updated as things happen. A review of the facility-provided policy revised on August 2025, titled "Care Plans, Comprehensive, Person-Centered" included under Policy Interpretation: 7.c) The care planning process will incorporate the resident's personal and cultural preferences in developing the goals of care… 8.c.) Describe services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights, including the right to refuse treatment… N.J.A.C. 8:39 – 11.2 (d)	F0656		
F0657 SS = D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.	F0657	Resident #2's care plan (CP) was revised and updated to reflect the correct NJ Ex Order 26.4(b)(1). All residents whose NJ Ex Order 26.4(b)(1) was changed might be affected by the deficient practice. Director of Nursing (DON) will educate licensed nurses including the U.S. FOIA (b) (6) on the importance of timely (within seven days) revision and update of residents' CP when change in code status occurs. DON or a designee will audit residents with code status changes to ensure that appropriate CP is initiated in a timely manner. The audit will be conducted weekly for four weeks, and then monthly for two months. Findings of the audits will be reported to the monthly Quality Assurance and Performance Improvement (QAPI) Committee. Based on the findings, the QAPI Committee will make necessary recommendations if needed.	11/24/2025

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F0657 SS = D	Continued from page 4 (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and review of facility documents, it was determined that the facility failed to revise an individual Comprehensive Care Plan for a resident with a change in [redacted]. This deficient practice was identified for 1 of 3 residents (Resident #2) reviewed and was evidenced by the following: On 10/30/2025 at 10:05 AM, the surveyor observed Resident #2 in the activities room lying in a [redacted]. The resident interview was not possible due to a diagnosis of [redacted]). On 10/30/25 at 12:21 AM, the surveyor reviewed the medical record for Resident #2. A review of the Admission Record (an admission summary) reflected The Resident was admitted to the facility with medical diagnoses that included but were not limited to; [redacted], and [redacted]). A review of the comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of the Resident's care dated [redacted], indicated that Resident #2 had [redacted] and [redacted]. The Resident was [redacted] for [redacted] and required [redacted] for most activities of daily living (ADLs). A review of the resident's Order Summary Report (OSR), dated [redacted], included the following physician's orders (PO) to consult [redacted] for evaluation and treatment, [redacted]), and [redacted]	F0657		

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F0657 SS = D	Continued from page 5 A review of the Individualized Comprehensive Care Plan (ICCP) included a focus area dated NJ Ex Order, for an NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4(b). Interventions included: NJ Ex Order 26.4(b)(1) will be reviewed quarterly with a resident and/or responsible party, NJ Ex Order 26.4(b)(1) [redacted], will be performed as ordered, follow facility protocol for identification of NJ Ex Order 26.4(b)(1), keep the family informed of change in condition, and provide NJ Ex Order 26.4(b)(1) as needed. The ICP was not updated to reflect the physician's order regarding the change in the Resident's NJ Ex Order 26.4(b)(1) from NJ Ex Order 26.4(to NJ Ex Order 26.4(b)(1). A review of the Progress Notes (PN) included a nurse's note (NN), dated NJ Ex Order 26.4 at 10:26 PM, which included that Resident #2 was admitted into NJ Ex Order 26.4(b)(1) [redacted] with new orders, the Resident's NJ Exe was notified and was NJ Ex Order 26.4(b) with recommendations and that the doctor was made aware. On 10/30/25 at 12:05 PM, the surveyor interviewed the U.S. FOIA (b) (6) [redacted]), NJ Ex Order 26.4(b)(1), who stated that the Resident had recently change to NJ Exec Order care and confirmed that the NJ Exec Order staff provided care in the mornings. On 10/30/25 at 12:27 PM, the surveyor interviewed the U.S. FOIA (b) (6) [redacted]), NJ Ex Order 26.4(b)(1) who confirmed that a change of NJ Ex Order 26.4(b)(1) for NJ Ex Order 26 care required updating the care plan to reflect changes so that staff can provide the appropriate care. On 10/30/2025 at 12:44 PM, the surveyor interviewed the first floor U.S. FOIA (b) (6)), NJ Ex Order 26.4(b)(1), who explained that for NJ Exec Order residents, a NJ Ex Order 26.4(b) [redacted]) { NJ Ex Order 26 [redacted]}, is completed with the resident and family and signed by the doctor. The U.S. Fo stated that for a NJ Ex Order 26.4(b)(1) "the Resident's care plan must be updated immediately to ensure that the correct care is administered should an emergency occur". The U.S. Fo further explained that she was responsible for updating and ensuring the accuracy of ICCP when a resident NJ Ex Ord [redacted] changes. However, Resident #2's care plan was not updated. On 10/30/25 at 12:52 PM, the surveyor interviewed the	F0657		

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F0657 SS = D	Continued from page 6 U.S. FOIA (b) (6)), NJ Ex Order 26.4(b)(1), who confirmed that when an order is received for NJ Exec Order and a change in NJ Ex Order 26.4(b)(1), the care plan is immediately updated. However, Resident #2's, care plan did not reflect a change of NJ Ex Order 26.4(b)(1) as ordered on the OSR. The facility policy "Care Plans, Comprehensive, Person-Centered", reviewed/revised date 8/2025, indicated that a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. NJAC 8:39-27.1(a)	F0657		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060501	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/30/2025

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S0000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 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		11/23/2025
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: Complaints #: 2563285 Based on interviews and review of other facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios as mandated by the state of New Jersey. This deficient practice was identified for 6 out of 28 day shifts reviewed. 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 at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. "Direct care staff member" means any registered professional nurse, licensed practical nurse, or certified nurse aide who is acting in accordance with that individual's authorized scope of practice and pursuant to documented employee time schedules. The	S0560	No residents were affected by not meeting the State of NJ minimum staffing requirements as determined by daily and routine monitoring and review on those dates that no significant changes were noted. The facility actively seeks to hire CNA's, that all shifts are staffed to comply with ratios. All callouts or no-shows result in calls being made by the Staffing Coordinator or the shift Supervisor to cover the shift with a replacement. The facility has documented evidence to reflect recruitment and retention efforts in it's relentless attempts to comply with the staffing ratios. No residents have been adversely affected. All residents have the potential to be affected. Staffing Coordinator in-serviced by Administrator on current staffing regulation and shift ratios. Recruitment and retention efforts continue to include: a. Weekly Labor Management reviews b. Training mentor program to support retention c. Employee Enrichment committee in place to improve and maintain staff morale d. Recruitment bonus and sign-on bonuses offered. e. Comparative wage analysis reviewed	11/24/2025

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S0560	Continued from page 1 following ratio(s) were effective on 02/01/2021: One Certified Nursing Assistant (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 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. As per the "Nursing Staffing Report" completed by the facility as documented below: 1.) For the 2 weeks of Complaint staffing from 06/29/2025 to 07/12/2025, the facility was deficient in CNA staffing for residents on 5 of 14 day shifts as follows: -07/01/25 had 9 CNAs for 81 residents on the day shift, required at least 10 CNAs. -07/05/25 had 9 CNAs for 84 residents on the day shift, required at least 10 CNAs. -07/06/25 had 9 CNAs for 84 residents on the day shift, required at least 10 CNAs. -07/10/25 had 9 CNAs for 79 residents on the day shift, required at least 10 CNAs. -07/11/25 had 8 CNAs for 79 residents on the day shift, required at least 10 CNAs. 2.) For the 2 weeks of Complaint staffing from 10/12/2025 to 10/25/2025, the facility was deficient in CNA staffing for residents on 1 of 14 day shifts as follows: -10/12/25 had 10 CNAs for 86 residents on the day shift, required at least 11 CNAs. A review of the facility-provided policy revised on 3/1/2025 titled “Sufficient Staffing” included under Procedure:1.) The facility will maintain adequate staffing on each shift to ensure that our resident’s needs and services are met. An acceptable standard of	S0560	Continued from page 1 DON, Staffing Coordinator, Administrator and or designee will monitor and review staffing daily for 1 week, weekly for 2 weeks and monthly for 3 months. Results will be presented to the Quality Assurance and Performance Improvement (QAPI) team monthly for continued review and recommendations until substantial compliance is maintained.	

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S0560	Continued from page 2 care must be maintained when minimum staffing requirements are required. For the 7-3 shift, 1 CNA to 8 residents. For the 3-11 shift, 1 CNA to 10 residents. For the 11-7 shift, 1 CNA to 14 residents.	S0560		

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/1/2025 in relation to the 10/30/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		12/15/2025

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.

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New Jersey State Department of Health

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREST HAVEN NURSING AND REHABILITATION CENTER	**4 MOORE ROAD DN 619, CAPE MAY COURT HOUSE, New Jersey, 08210**

(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 12/1/2025 in relation to the 10/30/2025 State of New Jersey Re-Licensure 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		12/15/2025

Office of Primary Care and Health Systems Management

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