STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315321	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED CARE AT OLD BRIDGE, LLC	**6989 RT18 , OLD BRIDGE, New Jersey, 08857**

(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 Survey: Complaint Intake ID#: 420826, 420827 and 2636492 Survey Dates:10/23/25 Census: 120 Sample size: 9 The NJDOH conducted a Complaint survey on 10/23/2025. The survey was officially completed on 11/17/2025. The survey was to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The facility was not in compliance, and deficiencies were cited for this survey.	F0000		12/15/2025
F0558 SS = D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is NOT MET as evidenced by: Complaint NJ# 420827 Based on observations, interviews, record review and review of pertinent facility documents, it was determined that the facility failed to ensure that a.) resident's call bells were within reach and could be activated for assistance with their needs, and b.) resident's needs were met in a timely manner once the call bell was answered. This deficient practice was identified for 3 out of 9 residents (Resident's #4, #6 and #7) reviewed for reasonable accommodation of needs. This deficient practice was evidenced by the following: 1. On 10/23/25 at 9:20 AM, the surveyor observed Resident #6 in bed. When the surveyor inquired about the residents call bell, they stated, NJ Ex Order 26.4(b)(1)	F0558	F-0558 REASONABLE ACCOMMODTIONS NEEDS/PREFERENCES Element 1: Nursing staff involved were re-educated on ensuring that call bells were within reach and could be activated for assistance, before exiting the room and after they provide care. This was provided by the Director of Nursing on 10/23/25. CNA #1 was provided with a re-education regarding toileting a patient upon request, gathering supplies to perform the task and complete the task in a timely manner. Education was provided on 11/18/2025 by the Director of Nursing. Element 2: All residents who use a call bell for assistance have the potential to be affected by the cited practice. Element 3:	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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315321	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/23/2025

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F0558 SS = D	Continued from page 1 NJ Ex Order 26.[redacted]." The resident further stated that if they required assistance, they used their wheelchair to go to the hallway to find/alert staff. The surveyor reviewed the electronic medical record (EMR) for Resident #6. A review of the Admission Record reflected that Resident #6 had diagnoses which included but were not limited to, NJ Ex Order 26.4(b)(1) [redacted] and NJ Ex Order 26.4(b)(1) [redacted]. A review of a Quarterly Minimum Data Set (MDS) dated NJ Ex Order 26[redacted], a tool used for the management of care, reflected a Brief Interview for Mental Status (BIMS) score of N[redacted] out of 15, which indicated NJ Ex Order 26.4 [redacted] A review of the Care Plan Report dated NJ Ex Order 26.[redacted] had a "Focus" for NJ Ex O[redacted] related to NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1)[redacted], and diagnosis of NJ Ex Order 26.4(b)(1) Interventions included "ask for assistance when attempting to NJ Ex Order 26.4(and "Keep call light within easy reach." On 10/23/25 at 11:30 AM, the surveyor accompanied the Licensed Practical Nurse (LPN) / Unit Manager (UM) #1 to Resident #6's room. The LPN/UM #1 confirmed the residents call bell was not accessible. In the presence of LPN/UM #1, the surveyor asked Resident #6 if they could activate the call bell. The resident stated that they did not have a call bell. The call bell was not visible nor accessible. The LPN/UM #1 traced the call bell from the wall and observed that the call bell was tied underneath the mattress on the bedframe. The surveyor then asked the LPN/UM #1 if Resident #6 could activate the call bell, the UM stated, "No." The surveyor then asked the LPN/UM #1 who was responsible to ensure residents call bells were accessible and within easy reach. The LPN/UM #1 stated the Certified Nursing Assistant (CNA) and the nurses were responsible. She stated that she verbally reminded the CNAs daily to ensure residents call bells were within reach prior to exiting the room after they provided care. On 10/23/25 at 11:50 AM, during an interview with the CNA assigned to Resident #6, she stated that she was not aware that the resident did not have their call bell within reach. 2. On 10/23/25 at 8:37AM, the surveyor observed Resident #4 lying in bed. Resident #4 was NJ Exec Ord[redacted] and	F0558	Continued from page 1 Re-in-service training was initiated on 11/18/25 by the Director of Nursing and/or Nurse Designee regarding answering call bells and addressing the residents' needs in a timely manner and is ongoing. The same in-service will be given annually and during orientation for newly hired nursing staff, and as deemed necessary. Audit form created to be utilized for audit compliance Element 4: The Director of Nursing and/or Designee will conduct a Call bell placement audit. A Call bell placement Audit will be done on all units, covering all shifts, on 10 residents, daily times 2 weeks, weekly for 6 weeks then monthly for 4 months. Any negative findings will be addressed via 1:1 education and or progressive disciplinary measures as appropriate by the Director of Nursing or Nurse Designee The results of the audits will be submitted by the Director of Nursing at the Quality Assessment Assurance (QAA) Committee who meets quarterly and will review findings to determine the frequency and necessity of future audits. Element # 5 December 9. 2025	

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F0558 SS = D	Continued from page 2 NJ Ex Ord The call bell cord was observed coming from the wall jack and going behind a privacy curtain gathered against the wall. The resident stated they had to NJ Ex Ord but did not know where their call bell was. On 10/23/25 at 8:41AM, the surveyor, in the presence of a second surveyor, requested CNA #1 to accompany the surveyors to Resident #4's room. CNA #1 acknowledged that Resident #4's call bell was behind the privacy curtain and was out of sight and out of reach. CNA #1 lifted the call bell cord and guided the button end of the cord to Resident #4's bed. CNA #1 laid the call bell button on the bed on the resident's left side near their upper arm. The resident stated "NJ Ex Order 26.4(b)(1) " CNA #1 then moved the call bell button to the resident's right hand. The resident told the CNA they needed to NJ Ex Order 26.4(b)(1). CNA #1 said OK and left the room at 8:43AM. On 10/23/25 at 8:49AM, the surveyor, in the presence of a second surveyor, returned to Resident #4's room. Resident #4 stated that nobody had taken them to the bathroom. The surveyor interviewed CNA #1 who stated that when a resident tells you they need to NJ Ex Order 26.4 you take them. CNA #1 acknowledged that Resident #4 stated they needed to NJ Ex Order 26.4(b)(1) and acknowledged he did not take the resident. CNA #1 further stated that Resident #4 was not on his assignment. The surveyor reviewed the EMR for Resident #4. A review of the Admission Record reflected that Resident #4 was admitted with diagnoses that included but were not limited to NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4 , and NJ Ex Order 26.4(b)(1)). A review of the Admission MDS dated NJ Ex Order , included a BIMS score of NJ E out of 15 which indicated Resident #4 was NJ Ex Order 26.4(b)(1) A review of the Care Plan Report reflected a "Focus" dated NJ Ex Order 26 , which indicated the resident required NJ Ex Order 26.4(b)(1 with ADL functions. In addition, the care plan report reflected the intervention "keep call light within easy reach" dated NJ Ex Order 26 . 3. On 10/23/25 at 8:52AM the surveyor, in the presence of a second surveyor, observed Resident #7 in their room with the door open. Resident #7 looked in the hall, NJ Ex Order and told the surveyors to come in. Resident	F0558		

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F0558 SS = D	Continued from page 3 #7 stated that when staff responded to their call bell they would turn the call bell off so it stops ringing. But “they leave and never come back to do what you needed.” The surveyor reviewed the EMR for Resident #7. A review of the Admission Record reflected that Resident #7 was admitted with diagnoses that included but were not limited to NJ Ex Order 26.4(b)(1) [redacted], and NJ Ex Order 26.4(b)(1) [redacted]. A review of a Quarterly MDS dated NJ Ex Order 26 included a BIMS score of NJ E out of 15 which indicated Resident #7 was NJ Ex Order 26.4(b)(1). A review of the Care Plan Report revealed a “Focus” dated NJ Ex Order 26, which reflected the resident required NJ Ex Order 26.4(b)(with ADL functions. In addition, the care plan report reflected the intervention “keep call light within easy reach” dated NJ Ex Order 26.4 On 10/23/25 at 12:45 PM, the surveyor interviewed CNA #2 who stated that the call bell system alerts as a light above the residents room and a sound that can be heard in the hallway. She further stated that the residents room and bed number could also be seen on a monitor at the nurses’ station. CNA #2 stated that upon entering the resident’s room, the call bell was turned off and if it was her resident, she would see what they needed. CNA #2 also stated, “If it’s not my resident I go and get the aid.” In addition, CNA #2 stated the CNAs should respond to the resident “right away.” On 10/23/25 at 12:50 PM, the surveyor interviewed LPN/UM #2 who stated that the process for answering call bells was to ask what the resident needs; then “either do it or leave to get the staff that can do it. For example, if a resident needs NJ Ex O medicine the CNA would get the nurse.” LPN/UM #2 stated that staff should then go back to the resident to tell them someone was coming. LPN/UM #2 stated that everybody can answer a call bell. Sometimes they can do what the patient needs, but sometimes they have to get someone else. LPN/UM #2 stated that call bells needed to be in reach at all times, which meant the resident was “able to press it with their dominant side or whatever’s easiest.” A review of the facility’s policy titled, “Call Bell” last revised 1/2025 revealed the following: Purpose	F0558		

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F0558 SS = D	Continued from page 4 Residents will have a functioning call bell to alert staff of their needs. Procedures #1 Call bell functioning will be checked on a regular basis by Nursing and Maintenance. #7 When making beds and tidying resident rooms, call bell will be left in a standard place in all rooms: attached to a partial side rail or the top of the bed. The Nursing Assistant leaving the room must ensure that the call bell is in place regardless of the residents' ability to use it. #9 The Nursing Assistants will ensure that the call bell is within the resident's reach before leaving the room. NJAC 8:39-31.8(c)(9)	F0558		
F0677 SS = E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is NOT MET as evidenced by: Complaint NJ#'s 420827, 2636492 Based on observation, interviews, record review and review of pertinent facility documents it was determined that the facility failed to provide appropriate NJ Ex Order 26.4(b)(1) and personal hygiene care for 4 of 6 residents (Residents #5, #8, #9, and #4) reviewed for Activities of Daily Living (ADL). This deficient practice was evidenced by the following: 1. On 10/23/25 at 8:45 AM, Surveyor #1 observed Resident #5 sitting in a chair by the bedside on the NJ Ex Orde Unit. Resident #5 was NJ Ex Order 26.4(b)(and NJ Ex Order 26.4(Their sneakers were heavily NJ Exec Or and NJ Exec Order Their NJ Ex Order 26.4(b)(was covered with NJ Ex Order 26.4(b)(1). Resident #5's NJ Ex Order 26.4(b)(1) were NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1) . The residents fitted sheet on the bed was NJ Ex Order 26.4(b)(1) and NJ Ex Order Resident #5 informed the Surveyor #1 that they used the sink to NJ Ex Order 26.4(b)(1) daily. And further	F0677	F0677 ADL care provided for Dependent Residents ELEMENT: 1 Resident #5, #8, #9, #4 that were identified during the survey as not receiving timely NJ Ex Order 26 and NJ Ex Order 26.4 , the nursing staff checked the residents and provided Activities of Daily Living care, if needed including NJ Ex Order 26.4(b)(1) care, and NJ Ex Order 26.4(on 10/23/25. Resident #5 was provided with NJ Ex Order 26.4(b , change of clothing, new linens and new shoes to replace the soiled ones on NJ Ex Order 26.4(Each resident was assessed by a licensed nurse and NJ E were observed. Appropriate care interventions were implemented immediately by the direct care staff on 10/23/25. Care plans for all 4 residents were reviewed and updated to reflect current toileting schedules, continence needs and personal hygiene preferences. This was completed on 11/17/25. Nursing staff involved were re-educated on ensuring that call bells were within reach and could be activated for assistance, before exiting the room and after they provide care. This was provided by the Director of Nursing on 11/17/25 .	12/09/2025

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F0677 SS = E	Continued from page 5 stated, that they had not NJ Ex Order 26.4(b)(1). The resident stated, "I make my bed, they don't do it." Surveyor #1 reviewed the Electronic Medical Record (EMR) for Resident #5. A review of the Admission Record (an admission summary) reflected that Resident #5 was admitted to the facility with diagnoses which included but were not limited to, NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and NJ Ex Order 2 A review of the Care Plan Report for Resident #5 included a "Focus" dated NJ Ex Order 26. for NJ Ex Order 26.4(b)(with ADL functions. Interventions dated NJ Ex Order 26. included: I require NJ Ex Order 26.4(b)(1) by NJ Ex Order 26.4 to provide NJ Ex Order 26.4(b)(1); requires NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(On 10/23/25 at 1:00 PM, Surveyor #1 interviewed the Licensed Practical Nurse (LPN) / Unit Manager (UM) regarding Resident #5's care. The LPN/UM #1 stated that Resident #5 preferred to NJ Ex Order 26.4(b)(1) and staff were to NJ Ex Orde Resident #5 with care. On 10/23/25 at 1:05 PM, Surveyor #and LPN/UM #1 went to Resident #5's room and observed the linen NJ Ex Order 26.4(b [redacted]. He confirmed that the bedding had not NJ Ex Order 26.4(b)(1). Surveyor #1 then inquired regarding the NJ Ex Order 2 schedule for Resident #5. The LPN/UM #1 stated that Resident #5 was scheduled to have NJ Ex Order 26.4(on Tuesday and Friday during the 7:00 AM to 3:00 PM shift. Surveyor #1 reviewed the plan of care with the Certified Nurses Aide (CNA) #1 and could not locate that the resident has had NJ Ex Order 26.4(b or refused a NJ Ex Order 2 on Tuesday NJ Ex Order 26.4(b On 10/23/25 at 1:10 PM, Surveyor #1 interviewed LPN/UM #1 regarding the process followed when a resident refused care or NJ Ex Order 26.4(. The LPN/UM #1 stated that the CNA should report this to the nurse and the nurse should then document in the progress notes that the resident refused their NJ Ex Order 26 Surveyor #1 reviewed the progress notes in the EMR from NJ Ex Order 26. to NJ Ex Order 26.4 and could find documented evidence that Resident #5 refused NJ Ex Order 26.4(b On 10/23/25 at 1:20 PM, the LPN/UM #1 informed Surveyor #1 that the unit had a NJ Ex Order 2 log where the nurses would document the NJ Ex C assessment performed on every NJ Ex Order 2 day. Surveyor #1 reviewed the NJ Ex Order 2 log for NJ Ex Order 26. and verified that staff initialed the NJ Ex Order 2 log to indicate that Resident #5 had NJ Ex Order 26.4(on NJ Ex Order 26. NJ Ex Order 26.4 and NJ Ex Order 26.4 NJ Ex Order 2 from now).	F0677	Continued from page 5 1:1 education provided to CNA #1, #3 and #4 by the Director of Nursing to involved staff regarding re-education on providing timely NJ Ex Order 26 and NJ Ex Order 26.4 [redacted] assistance on 11/18/25. 1:1 education was provided to CNA #2 by the Director of Nursing regarding reeducation on providing timely toileting and personal hygiene assistance on 10/23/25. ELEMENT: 2 Residents that require assistance with activities of daily living have the potential to be affected by the cited practices. ELEMENT: 3 The certified nursing assistants and licensed nurses were provided reeducation on providing residents with prompt toileting and personal hygiene assistance by the Director of Nursing initiated on 11/17/25 and ongoing. Same in-service education will be provided for newly hired certified nursing assistance and licensed nursing staff during orientation, annually and as deemed necessary. Audit form created to be utilized for audit compliance ELEMENT:4 The Director of Nursing and/or Nurse designee will audit 20 residents covering all units and shifts weekly times 4 weeks, then monthly times 6 months. Any negative findings will be addressed via 1:1 education and or progressive disciplinary measures as appropriate by the Director of Nursing or Nurse Designee The audit findings will be submitted by the Director of Nursing at the Quality Assessment Assurance (QAA) who meets quarterly and will review findings and corrective actions taken and will determine the frequency and necessity of future audits. Element #5	

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F0677 SS = E	Continued from page 6 Surveyor #1 reviewed the shower log with LPN/UM #1, he did not have any comment. On 10/23/25 at 2:05 PM, the surveyor interviewed CNA #1 who was assigned to Resident #5. CNA #1 stated that she observed the resident in the room this morning and was informed that Resident #5 was NJ Ex Order 26.4(b)(1) with care. When asked if she changed the NJ Ex Order 26.4(this morning, she stated, “No.” When asked if she changed NJ Ex Order 26.4 yesterday on 10/22/23, she stated, “I was not assigned to the unit, but based on NJ Ex Order 26.4(b)(1) the sheet, NJ Ex Order 26.4 had not been changed.” On10/23/25 at 9:30 AM, Surveyor #1 entered the NJ Ex Orde Unit. While approaching the nursing station NJ Ex Order 26.4(b) the hallway. On 10/23/25 at 9:52 AM, Surveyor #1 located the smell in the hallway of the NJ Ex Orde Unit in Resident #8’s room. Surveyor #2 informed surveyor #1 that she toured the NJ Ex Orde Unit at 8:20 AM and noted a similarly NJ Ex Order outside of that same room (door was closed at that time). Surveyor #1 then entered Resident #8's room, along with CNA #2. Both observed Resident #8 lying in bed, the bedspread was folded, and the resident’s NJ Ex Orde was NJ Ex Order 26.4(b)(1). CNA #2 asked the resident if she could check the NJ Ex Order 26.4(b)(1) and the resident agreed. The bedding was observed as NJ Ex Order 26.4(b)(1), and Resident #8 was wearing NJ Ex Order 26.4(b)(1) which was NJ Ex Order 26.4(b)(1) and was NJ Ex Order 26.4(b)(1). The surveyor observed that there was NJ Ex Order 26.4 at the bedside. Resident #8 stated in the presence of CNA #2, 'NJ Ex Order 26.4(b)(1) " On 10/23/25 at 10:00 AM, Surveyor #1 interviewed CNA #2 who stated that early this morning she was alerted by LPN/UM #2 to check on Resident #8 due to NJ Ex Order 26.4 in the hallway. CNA #2 further stated she was unable to attend to Resident #8 in a timely manner since she had been caring for another resident. Surveyor #1 reviewed the EMR for Resident #8. A review of the Admission Record for Resident #8 reflected the resident was admitted to the facility with diagnoses which included, but were not limited to, NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1)). A review of a Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of	F0677	Continued from page 6 December 9, 2025	

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F0677 SS = E	Continued from page 7 care, dated NJ Ex Order 2, reflected the resident had a Brief Interview for Mental Status (BIMS) score of NJ E out of 15 which indicated the resident had NJ Ex Order 26.4(b)(1) . It also reflected that Resident #8 required NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4 A review of the Care Plan Report dated NJ Ex Order 26.4(b), had a “Focus” for “I NJ Ex Order 26.4(b)(1) with ADL functions.” Interventions dated NJ Ex Order 2 included, “I require NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4(b)(1) for NJ Ex Or On 10/23/25 at 11:37 AM, Surveyor #1 interviewed LPN/UM #2 regarding NJ Ex Order 26.4(b)(1). She stated that the nurses and the CNAs were to make rounds at the start of the shift to ensure all residents were safe. She further stated that she did not round this morning. The surveyor inquired where the CNA would document the care provided to each resident. The LPN/UM #2 stated that the care provided was documented on the Point of Care (PoC) Kiosk (computerized system) used by the CNA. On 10/23/25 at 11:45 AM, Surveyor #1 reviewed the PoC Kiosk for Resident #8 and there was no documented accountability for care provided to the resident from the 11:00 PM NJ Ex Order 26.4(b)(1 to 7:00 AM NJ Ex Order 26.4(b)) shift. On 10/23/25 at 11:15 AM, Surveyor #1 interviewed CNA #2 who stated she was aware of the NJ Ex Order 26.4(b)(1) when she entered the unit, but she did not know that was from Resident #8's room. On 10/23/25 at 1:45 PM, Surveyor #1 interviewed LPN/UM #2. She stated that residents were dependent on staff for NJ Ex Order 26.4(b)(1) care, and residents should be checked every two hours and before meals. Surveyor #1 inquired if Resident #8 was checked and provided with NJ Ex Order 26.4(b)(1) care on 11:00 PM NJ Ex Order 26.4(b)) to 7:00 AM NJ Ex Order 26.4(b)) shift. She stated, "based on the observation reported by staff, NJ Ex Order 26.4(b)(1) was not provided." 3. On 10/23/25 at 9:30 AM, Surveyor #1 performed an NJ Ex Order 26.4(b)(1) observation with a random CNA on the NJ Ex Orde Unit. Resident #9 was NJ Ex Order 26.4(b)(1). On 10/23/25 at 10:30 AM, Surveyor #1 interviewed CNA #3 who was assigned to Resident #9. CNA #3 stated that she was taking care of other residents and did not have time to provide NJ Ex Order 26.4(b)(1) to Resident #9 prior to breakfast. Surveyor #1 reviewed the EMR for Resident #9. A review of the Admission Record reflected Resident #9	F0677		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED CARE AT OLD BRIDGE, LLC	**6989 RT18 , OLD BRIDGE, New Jersey, 08857**

(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
F0677 SS = E	Continued from page 8 was admitted to the facility with diagnoses which included but were not limited to, NJ Ex Order 26.4(b)(1) [redacted], NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) [redacted] A review of a Quarterly MDS dated NJ Ex Order 26.4(b), reflected the resident had a BIMS score of NJ E out of 15, which reflected the resident had NJ Ex Order 26.4(b)(1). The MDS also reflected the resident was NJ Ex Order 26.4(b)(1) [redacted] A review of the Care Plan Report dated NJ Ex Order 26.4 included the resident had a NJ Ex Order 26.4(b)(1) [redacted] related to self-care NJ Ex Order 26.4(b)(1) There was a goal for staff NJ Ex Order 26.4 with care. Interventions included, provide personal NJ Ex Order 26.4(b)(1). 4. On 10/23/25 at 8:37 AM Surveyor #2, with Surveyor #1 present, observed an open door to a resident room on the NJ Ex Orde unit. Resident #4 looked out into the hallway and stated, “Come in.” Resident #4 was lying in bed NJ Exec Ord and NJ Ex Ord Resident #4 stated, “NJ Ex Order 26.4(b)(1) [redacted]” Resident #4 stated they had to NJ Ex Order 26.4 [redacted] but did not know where their call bell was. On 10/23/25 at 8:41 AM, Surveyor #1 observed CNA #4 in the hallway. Surveyor #1 requested CNA #4 join her and Surveyor #2 in Resident #4’s room. CNA #4 entered Resident #4’s room with the surveyors and acknowledged the resident’s call bell was out of sight and out of reach. The resident then stated to CNA #4 that they needed to NJ Ex Order 26.4(b)(1). CNA #4 stated, “OK” and left the room at 8:43AM. On 10/23/25 at 8:49 AM, Surveyor #2 observed CNA #4 walking in the hallway. The surveyors returned to Resident #4’s room. Resident #4 stated that they had not yet NJ Ex Order 26.4(b)(1) . The surveyors left the room. Surveyor #1, in the presence of Surveyor #2, approached and interviewed CNA #4. He stated that when a resident tells you they need NJ Ex Order 26.4(b)(1), “you take them.” He acknowledged that Resident #4 stated they needed NJ Ex Order 26.4(b)(1). He acknowledged that he did not go back to Resident #4’s room to assist them. CNA #4 stated this resident was not on their assignment and he was in the hall trying to find out which CNA was assigned to Resident #4. He acknowledged that any CNA could take any resident to NJ Ex Order 26.4(b)(1). CNA #4 acknowledged that he did not take Resident #4 to NJ Ex Order 26.4(b)(1) although he should have, stating “it was an error.” Surveyor #2 reviewed the EMR for Resident #4.	F0677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315321	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/23/2025

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F0677 SS = E	Continued from page 9 A review of the Admission Record reflected that the resident was admitted with diagnoses that included but were not limited to [redacted], [redacted], [redacted], [redacted], and [redacted]. A review of a Quarterly MDS dated [redacted], reflected the resident had a BIMS score of [redacted] out of 15, which indicated the resident was [redacted]. The MDS also reflected that Resident #4 had [redacted], and was [redacted] A review of the Physicians Orders (PO) reflected a PO dated [redacted] to remove the [redacted] A review of the Care Plan Report for Resident #4 included a "Focus" dated [redacted], that the resident [redacted] with ADL functions. Interventions dated [redacted], included, [redacted] I am [redacted] for [redacted] A review of the facility's policy titled, "Activities of Daily Living (ADLs), Supporting, last revised 1/2025, indicated the following: Policy: Residents will be provided with care, treatment and services as appropriate to maintain their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services, necessary to maintain good nutrition, grooming and personal and oral hygiene. Procedure Residents will be provided with care, treatment and services to ensure that their activities of daily living (ADLs) do not diminish unless the circumstances of their clinical condition(s)demonstrate that diminishing ADLs are unavoidable. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently. If residents with cognitive impairment or dementia resist care, staff will attempt to identify the	F0677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315321	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/23/2025

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F0677 SS = E	Continued from page 10 underlying cause of the problem and not just assume the resident is refusing or declining care. Approaching the resident in a different way or at a different time or having another staff member speak with the resident may be appropriate. The policy was not being followed. NJAC 8:39-27.2 (d)(h)(i)	F0677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315321	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/16/2025 in relation to the 10/29/2025 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.

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