

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315056	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/31/2025
NAME OF PROVIDER OR SUPPLIER JERSEY SHORE POST ACUTE REHABILITATION AND NURSING			STREET ADDRESS, CITY, STATE, ZIP CODE 101 WALNUT STREET , NEPTUNE, New Jersey, 07753	
(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 NJ #: 2563171</p> <p>Survey Date: 10/31/25</p> <p>Census: 82</p> <p>Sample: 1 + 3 closed records</p> <p>The NJDOH conducted a Complaint survey on 10/31/25. The survey was officially completed on 10//31/25.</p> <p>THE FACILITY IS IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES.</p>	F0000		12/14/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061304	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/31/2025
NAME OF PROVIDER OR SUPPLIER JERSEY SHORE POST ACUTE REHABILITATION AND NURSING			STREET ADDRESS, CITY, STATE, ZIP CODE 101 WALNUT STREET , NEPTUNE, New Jersey, 07753	
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S0000	Initial Comments Complaint NJ #: 2563171 Survey Date: 10/31/25 Census: 82 Sample: 1 + 3 closed records 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		12/14/2025
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: Based on review of the Nurse Staffing Reports, it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratios for the day and overnight shifts as mandated by the State of New Jersey for: 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	S0560	S560 Complaint Survey 2025 Compliance Date: 12/5/2025 How the corrective action will be accomplished for those residents found to be affected by this practice? Affecting all residents. Contacted recruiter to ensure all ads are optimized to the fullest. Weekly staffing phone calls ongoing in an effort to improve recruitment and retention.	12/05/2025

Office of Primary Care and Health Systems Management

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NAME OF PROVIDER OR SUPPLIER JERSEY SHORE POST ACUTE REHABILITATION AND NURSING			STREET ADDRESS, CITY, STATE, ZIP CODE 101 WALNUT STREET , NEPTUNE, New Jersey, 07753	
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S0560	<p>Continued from page 1 homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One (1) Certified Nurse Aide (CNA) to every eight (8) residents for the day shift.</p> <p>One (1) 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</p> <p>One (1) 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>The surveyor requested the staffing for the weeks of 10/12/25 and 10/19/25.</p> <p>For the 2 weeks of Complaint staffing, the facility was deficient in CNA staffing for residents on 5 of 14 day shifts as follows:</p> <p>-10/12/25 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs.</p> <p>-10/17/25 had 10 CNAs for 89 residents on the day shift, required at least 11 CNAs.</p> <p>-10/18/25 had 10 CNAs for 89 residents on the day shift, required at least 11 CNAs.</p> <p>-10/19/25 had 9 CNAs for 89 residents on the day shift, required at least 11 CNAs.</p> <p>-10/25/25 had 10 CNAs for 87 residents on the day shift, required at least 11 CNAs.</p>	S0560	<p>Continued from page 1</p> <p>How the Facility will identify other residents having the potential to be affected by the same deficient practice?</p> <p>All Residents have the ability to be affected by the facility not meeting the requirements to maintain the required minimum direct care staff to resident ratios, as mandated by the State of New Jersey.</p> <p>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not recur?</p> <p>Staffing coordinator was in-serviced on the direct care staff to resident ratios.</p> <p>Agency contracts were reviewed to ensure the facility had outside resources in times of staffing shortages.</p> <p>Signed on with another staffing agency to further ensure that the facility has sufficient outside resources in times of staffing shortages</p> <p>Implemented a refer a friend incentive program as well as a sign on bonus.</p> <p>The staffing coordinator/designee will audit direct care staffing ratios to ensure it is within the requirements as mandated by the State of New Jersey, weekly for 1 month, monthly for 3 months, followed by quarterly thereafter.</p> <p>How the facility will monitor its corrective actions to ensure that the deficient practice will not recur, (e.g., what quality assurance program will be put into place?)</p> <p>The Staffing coordinator/designee will review any findings of these audits and present them quarterly with the QAPI committee to determine the frequency of future audits.</p>	

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F0000	<p>INITIAL COMMENTS</p> <p>An offsite/desk review of the facility's Plan of Correction was conducted on 12/15/2025 in relation to the 10/31/2025 Recertification survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p>	F0000		

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