STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315299	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KING MANOR CARE AND REHABILITATION CENTER	2303 WEST BANGS AVE , 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	INITIAL COMMENTS Complaints #: 407581 Survey Date: 10/27/2025 Census: 105 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		11/30/2025
F0580 SS = D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).	F0580	What corrective action was accomplished for the resident found to have been affected by the deficient practice? Resident #1 was discharged. The Facility Educator immediately in-service the [redacted] on 11-7 in r/t policy and procedure in significant change in resident's condition or status and timely physician and family notification. The DON counselled the [redacted] involved in the identified deficient practice. How will other residents who may have the potential to be affected be identified? All residents have the potential to be affected by this deficient practice. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not reoccur?	11/20/2025

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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F0580 SS = D	Continued from page 1 (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is NOT MET as evidenced by: Complaint #: 407581 Based on interviews, review of medical records, and pertinent facility documents, it was determined that the facility failed to notify the resident's physician and responsible party of a change in condition for 1 of 3 residents (Resident #1) reviewed. This deficient practice was evidenced by the following: On 10/27/2025 at 8:30 AM, the surveyor reviewed the closed medical record for Resident #1. A review of the Admission Record reflected that the resident 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]	F0580	Continued from page 1 The Facility Educator and/or designee will re-educate all license nursing staff on federal regulation F580 related significant change in resident's condition or status and timely physician and family and/or responsible party notification. The Unit Managers and/or designee will review the 24 hour report and ACS/QMS daily audit report for any significant changes in resident's condition and timely notification of the physician and the family/responsible party. How will the corrective action(s) be monitored to ensure the deficient practice will not reoccur and what QA program will be put in place? The DON and /or designee will audit 5 residents with significant change of condition or status and timely notification of physician and family and/or responsible party per week for 4 weeks, then 10 residents monthly X 3 months. The DON and/or designee will submit the audit report to the Quality Assurance Performance Improvement Committee.	

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F0580 SS = D	Continued from page 2 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, reflected the resident had a Brief Interview for Mental Status (BIMS) score of N out of 15, which indicated NJ Ex Order 26.4(b) A review of the corresponding Medication Administration Record (MAR) revealed that the resident's NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b), during an unspecified time on the 11-7 shift was NJ Ex Order 26 A review of the progress notes did not reveal any nursing notes related to the NJ Ex Order 26.4(b)(1) recorded in the MAR on NJ Ex Order 26.4(b)(during the 11-7 shift. There were no follow up temperatures recorded in the MAR during the said shift. There was no documentation that the resident's physician and responsible party were notified of the resident's NJ Ex Ord On 10/27/2025 at 12:47 PM, during an interview with the surveyor, Registered Nurse (RN) #1 stated that if a resident has NJ Ex Ord NJ Ex Order 2 would be administered and that NJ Ex Order 26.4(b)(1) should be taken every 4 hours to see if the staff need to give NJ Ex Order 26 RN #1 further stated that the staff documents for any change in condition and call the physician and family. On 10/27/2025 at 12:49 PM, during an interview with the surveyor, the U.S. FOIA (b) (6)) stated that if a resident NJ Exec Order 26 , the staff should be documenting all they do so they would know what to follow through. The U.S. FOIA further stated that staff should continue monitoring, offer NJ Ex Or call the physician if they want NJ Exec Order 26.4b1 done. The family should be notified. They need to give NJ Ex Order 26 They need to document everything. A review of the facility-provided policy dated January 2025, titled "Change in a Resident's Condition or Status" included under Policy Interpretation and Implementation, 1.) The nurse will notify the resident's attending physician or physician on call when there has been a: d.) significant change in the resident's physical/ emotional/ mental condition. 4.) Unless otherwise instructed by the resident, a nurse will notify the resident's representative when: b.) there is a significant change in the resident's physical, mental, or psychosocial status. A review of the facility-provided policy dated December 2024, titled "Charting and Documentation" under Policy Statement: All services provided to the resident,	F0580		

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F0580 SS = D	Continued from page 3 progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. N.J.A.C. 8:39 – 13.1 (c) (d)	F0580		
F0684 SS = D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is NOT MET as evidenced by: Complaint #: 407581 Based on interviews, record review, and review of other pertinent facility documents, it was determined that the facility failed to ensure that a resident received treatment and care in accordance with professional standards of practice, by failing to ensure that medication was administered and documented according to a physician order. This deficient practice was identified for 1 out of 3 residents reviewed for quality of care (Resident #1). This deficient practice was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." On 10/27/2025 at 8:30 AM, the surveyor reviewed the closed medical record for Resident #1. A review of the Admission Record reflected that the resident was admitted to the facility with diagnoses	F0684	What corrective action was accomplished for the resident found to have been affected by the deficient practice? Resident #1 was discharged. The Facility Educator immediately re-educated the U.S. FOI on 11-7 in r/t policy and procedure related to Medication Administration, documentation requirements, and professional standard of practice. The DON counselled the U.S. FOI involved in the identified deficient practice. How will other residents who may have the potential to be affected be identified? All residents have the potential to be affected by failing to ensure that medication was administered and documented according to a physician order. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not reoccur? The Facility Educator and/or designee will re-educate all license nursing staff on federal regulation F684 related Medication Administration, documentation requirements, and professional standard of practice. The Facility Educator and designee will implement the Medication Administration Competency of all the nurses. How will the corrective action(s) be monitored to ensure the deficient practice will not reoccur and what QA program will be put in place? DON and/or designee will audit 5 residents EMAR	11/20/2025

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F0684 SS = D	Continued from page 4 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 2 [redacted] (NJ Ex Order 26.4(b)(1) [redacted]. A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4(b) [redacted], reflected the resident had a Brief Interview for Mental Status (BIMS) score of N [redacted] out of 15, which indicated NJ Ex Order 26.4(b) [redacted]. A review of the Order Summary Report dated NJ Ex Order 26.4(b) [redacted], included a physician's order (PO) started on NJ Ex Order 26.4(b) [redacted] for NJ Ex Order 26.4(b)(1) [redacted], give 2 tablets by mouth every 4 hours as needed for NJ Ex Order 26.4(b)(1) [redacted] Two tablets = NJ Ex Order 2 [redacted] *Do not exceed N [redacted]. A review of the corresponding Medication Administration Record (MAR) revealed that the resident's NJ Ex Order 26.4(b)(1) [redacted] on NJ Ex Order 26.4(b) [redacted], during an unspecified time on the 11-7 shift was NJ Ex Order 26 [redacted]. The MAR reflected that the resident did not receive a dose of NJ Ex Order 26.4(b)(1) [redacted] on NJ Ex Order 26.4(b) [redacted] and NJ Ex Order 26.4(b) [redacted] during the 11-7 shift. The nursing administration signatures for those dates and shift were blank. A review of the resident's progress notes did not reveal any nursing notes related to the temperature recorded in the MAR on NJ Ex Order 26.4(b) [redacted] during the 11-7 shift. There were no follow up temperatures, assessments, or monitoring documented in the resident's medical record after the NJ Ex Or [redacted] was noted. On 10/27/2025 at 12:47 PM, during an interview with the surveyor, Registered Nurse (RN) #1 stated that if a resident has NJ Ex Order 26.4(b)(1) [redacted] would be administered and that NJ Ex Order 26.4(b)(1) [redacted] should be taken every 4 hours to see if the staff need to give NJ Ex Order 26 [redacted] RN #1 further stated that the staff documents for any change in condition and call the physician and family. On 10/27/2025 at 12:49 PM, during an interview with the surveyor, the U.S. FOIA (b) (6) [redacted]) stated that if a resident has NJ Ex Ord [redacted] the staff should be documenting all they do so they would know what to follow through. The U.S. FOIA [redacted] further stated that staff should continue monitoring, offer NJ Ex Or [redacted] call the physician if they want laboratory work done. The family should be notified. They need to give NJ Ex Order 26 [redacted] They need to document everything. A review of the facility-provided policy dated July 2025, titled "Administering Medications" included under	F0684	Continued from page 4 (Electronic Medication Record) per week for 4 weeks, then 10 residents monthly for 3 months. The DON and/or designee will submit the audit report to the Quality Assurance Performance Improvement Committee.	

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F0684 SS = D	Continued from page 5 Policy Interpretation and Implementation, 22.) If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR space provided for that drug and dose. 23.) The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones. A review of the facility-provided policy dated December 2024, titled "Charting and Documentation" under Policy Statement: All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. N.J.A.C. 8:39 – 27.1 (a); 29.2 (d)	F0684		

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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		11/30/2025
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 #: 407581 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 20 out of 21 day shifts and 1 out of 21 evening 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	S0560	S0560 – Mandatory Access to Care 1. What corrective action was accomplished for the resident found to have been affected by the deficient practice? There were no known or confirmed negative outcomes to residents on the shifts identified as not meeting the NJ staffing requirements for the week of 2/23/25 through 3/1/25 day shift (7-3) or for 3/1/25 evening shift (3-11). There were also no known or confirmed negative outcomes to residents for the weeks 10/12/25 through 10/25/25 day shifts. 2. How will other residents who may have the potential to be affected be identified? All residents have the potential to be affected by the deficient practice of not meeting the NJ staffing requirement ratios. 3. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not reoccur? The following measures have been put into place to prevent the deficient practice from recurring: A. Advertisement / Job postings for RN's, LPN's and CNA's have been posted on social media websites as well as flyers posted in local supermarkets and stores that we are hiring.	11/20/2025

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S0560	Continued from page 1 pursuant to documented employee time schedules. The 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 week of Complaint staffing from 02/23/2025 to 03/01/2025, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts and deficient in total staff to residents on 1 of 7 evening shifts as follows: -02/23/25 had 8 CNAs for 102 residents on the day shift, required at least 13 CNAs. -02/24/25 had 8 CNAs for 101 residents on the day shift, required at least 13 CNAs. -02/25/25 had 10 CNAs for 100 residents on the day shift, required at least 12 CNAs. -02/26/25 had 10 CNAs for 98 residents on the day shift, required at least 12 CNAs. -02/27/25 had 10 CNAs for 98 residents on the day shift, required at least 12 CNAs. -02/28/25 had 8 CNAs for 97 residents on the day shift, required at least 12 CNAs. -03/01/25 had 9 CNAs for 97 residents on the day shift, required at least 12 CNAs. -03/01/25 had 9 total staff for 97 residents on the evening shift, required at least 10 total staff. 2. For the 2 weeks of staffing prior to survey from 10/12/2025 to 10/25/2025, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as	S0560	Continued from page 1 B. Incentives are offered to RN's, LPN's and CNA's to work extra shifts such as bonuses. C. Facility is offering sign on bonuses and referral bonuses to increase applicant flow. D. Facility updated and increased sponsorships of advertisements on job search platforms. E. Administrator and HR began pursuing alternative hiring methods to take a more proactive hiring approach such as agency conversions and networking platforms. 4. How will the corrective action(s) be monitored to ensure the deficient practice will not reoccur and what QA program will be put in place? The Administrator/Designee will review the staffing schedule weekly to monitor the staffing levels for 3 months. All results of the monitoring will be presented to the QA committee for review and any additional monitoring or modification of this plan monthly for 3 months. The Quality Assurance and Performance Improvement Committee can modify this plan to ensure the facility remains in compliance. The Date of Completion is November 17, 2025. The administrator is responsible for the implementation of the Plan of Correction.	

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S0560	Continued from page 2 follows: -10/12/25 had 8 CNAs for 102 residents on the day shift, required at least 13 CNAs. -10/13/25 had 11 CNAs for 102 residents on the day shift, required at least 13 CNAs. -10/14/25 had 12 CNAs for 102 residents on the day shift, required at least 13 CNAs. -10/15/25 had 12 CNAs for 102 residents on the day shift, required at least 13 CNAs. -10/17/25 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs. -10/18/25 had 10 CNAs for 106 residents on the day shift, required at least 13 CNAs. -10/19/25 had 10 CNAs for 106 residents on the day shift, required at least 13 CNAs. -10/20/25 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs. -10/21/25 had 11 CNAs for 106 residents on the day shift, required at least 13 CNAs. -10/22/25 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs. -10/23/25 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs. -10/24/25 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs. -10/25/25 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs. A review of the facility-provided policy revised on October 2017, titled “Staffing” did not include the minimum requirement for direct care staff.	S0560		
S1680	Mandatory Nurse Staffing CFR(s): 8:39-25.2(b)(1)&(2) (b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of	S1680	S1680 – Mandatory Nurse Staffing 1. What corrective action was accomplished for the resident found to have been affected by the deficient practice? There were no known or confirmed negative outcomes to	11/20/2025

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S1680	Continued from page 3 nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a)) on the basis of: 1. Total number of residents multiplied by 2.5 hours/day; plus 2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day: Wound care 0.75 hour/day Nasogastric tube feedings and/or gastrostomy 1.00 hour/day Oxygen therapy 0.75 hour/day Tracheostomy 1.25 hours/day Intravenous therapy 1.50 hours/day Use of respirator 1.25 hours/day Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day This LICENSURE REQUIREMENT is NOT MET as evidenced by: Complaints #: 407581 Based on the review of the Nurse Staffing Reports for the weeks of 10/12/2025 to 10/25/2025, it was determined that the facility failed to provide the least minimum staffing levels for 3 of 14 days. The required staffing hours and actual staffing hours are as follows: For the 2 weeks of AAS-12 staffing prior to survey from 10/12/2025 to 10/25/2025, the facility was deficient in staffing for required resident services on 3 of 14 days as follows:	S1680	Continued from page 3 residents on the shifts identified as not meeting the minimum staffing levels for the week of 10/12/25 through 10/25/25. 2. How will other residents who may have the potential to be affected be identified? All residents have the potential to be affected by the deficient practice of not meeting the minimum staffing level. 3. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not reoccur? The following measures have been put into place to prevent the deficient practice from recurring: A. Advertisement / Job postings for RN's, LPN's and CNA's have been posted on social media websites as well as flyers posted in local supermarkets and stores that we are hiring. B. Incentives are offered to RN's, LPN's and CNA's to work extra shifts such as gift cards and raffles. C. Facility is offering sign on bonuses and referral bonuses to increase applicant flow. D. Facility updated and increased sponsorships of advertisements on job search platforms. E. Administrator and HR began pursuing alternative hiring methods to take a more proactive hiring approach such as agency conversions and networking platforms 4. How will the corrective action(s) be monitored to ensure the deficient practice will not reoccur and what QA program will be put in place? The Administrator/Designee will review the staffing schedule weekly to monitor the staffing levels for 3 months. All results of the monitoring will be presented to the QA committee for review and any additional monitoring or modification of this plan monthly for 3 months. The Quality Assurance and Performance Improvement Committee can modify this plan to ensure the facility remains in compliance. The Date of Completion is November 17, 2025.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061341	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S1680	Continued from page 4 1.) For the week of 10/12/2025 - Required Staffing Hours: 280.5 -10/12/25 had 256 actual staffing hours, for a difference of -24.5 hours. -10/18/25 had 280 actual staffing hours, for a difference of -0.5 hours. 2.) For the week of 10/19/2025 – Required Staffing Hours: 283 -10/19/25 had 272 actual staffing hours, for a difference of -11 hours. A review of the facility-provided policy updated on November 2024, titled “Staffing, Sufficient Nursing” included under Policy Statement: Our facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment.	S1680	Continued from page 4 The administrator is responsible for the implementation of the Plan of Correction	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315299	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KING MANOR CARE AND REHABILITATION CENTER	2303 WEST BANGS AVE , NEPTUNE, New Jersey, 07753

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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 10/27/2025 Recertification 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

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061341	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/1/2025 in relation to the 10/27/2025 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		

Office of Primary Care and Health Systems Management

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