STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315421	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE GARDEN NURSING AND REHABILITATION CENTER	**1579 OLD FREEHOLD ROAD , TOMS RIVER, New Jersey, 08753**

(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 COMPLAINT #: 2702134 CENSUS: 108 SAMPLE SIZE: 3 THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F0000		02/02/2026

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: 061511	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/13/2026

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S0000	Initial Comments COMPLAINT #: 2702134 CENSUS: 108 SAMPLE SIZE: 3 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		02/06/2026
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Complaint #: 2702134 Based on interviews and review of facility documents on 1/13/2026, it was determined that the facility failed to ensure staffing ratios were met for 2 of 14 day shifts and 2 of 14 evening shifts reviewed, as noted below. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum	S0560	It was identified that the facility did not maintain the minimum direct care staff-to resident ratios as mandated by the state. All residents had the potential to be affected by the deficient practice. The DON, administrator and staffing coordinator met to review mandatory staff-to resident ratios, adjusting staffing assignments for all shifts to ensure sufficient nursing personnel are on duty to meet the residents' needs. The staffing assignments will be completed by the staffing coordinator and signed off by the DON. The facility will Implement an aggressive recruitment plan, which includes increased utilization of staffing agencies, hiring bonuses, employee referral programs, and market-based wage adjustments. Revise the staff scheduling process by implementing oversight via the DON over the staffing coordinator to ensure the facility maintaining mandatory staffing	02/06/2026

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S0560	Continued from page 1 staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. For the 2 weeks of staffing prior to complaint survey from 12/28/2025-1/10/2026, the facility was deficient in CNA staffing for residents on 2 of 14-day shifts and deficient in total staffing for residents on 2 of 14 evening shifts as follows: On 12/28/25 the facility had 8 CNAs for 108 residents on the day shift, required at least 13 CNAs. On 12/31/25 the facility had 10 CNAs to 24 total staff on the evening shift, required at least 12 CNAs. On 1/01/26 the facility had 10 CNAs to 22 total staff on the evening shift, required at least 11 CNAs. On 1/04/26 the facility had 12 CNAs for 110 residents on the day shift, required at least 14 CNAs.	S0560	Continued from page 1 ratios. Reinforce the policy for staff callouts, including a protocol for notifying unit managers and the DON to secure replacement staff or re-prioritize resident care tasks to ensure safety Conduct an in-service for all nursing staff (RNs, LPNs, and CNAs) on the importance of adhering to the call-out policy and the standards for sufficient staffing. Facility signed additional contract with nursing vendor on 1.31.26 that provides CNA, RN and LPN Facility will staff one additional CNA for each shift 7-3, 3-11, and 11-7 to allow for coverage in the event of a call out. 4. The DON will perform daily audits of the staffing schedule to confirm adequate coverage for all shifts based on census and resident acuity. Issues identified will be addressed immediately. Monday -Friday the DON, Staffing coordinator and Assistant admin will meet to review the staffing sheets. The QAPI committee will review staffing data, including audit results and recruitment progress, monthly for at least six months. The QAPI team meets quarterly, the committee will determine the need for continued monitoring.	

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 2/11/2026 in relation to the 1/13/2026 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		02/11/2026

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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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 2/11/2026 in relation to the 1/13/2026 State of New Jersey Complaint survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities.	S0000		02/11/2026

Office of Primary Care and Health Systems Management

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