STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315213	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW SPRINGS REHABILITATION AND HEALTHCARE CTR	**1049 BURNT TAVERN ROAD , BRICK, New Jersey, 08724**

(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#: 431185, 2608407 CENSUS: 148 SAMPLE SIZE: 4 The NJDOH conducted a complaint survey on 9/18/25. The survey was officially completed on 9/18/2025. THE FACILITY IS IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR, PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	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.

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: 061518	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/26/2025

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S0000	Initial Comments The NJDOH conducted a complaint survey on 9/18/25. The survey was officially completed on 9/18/2025. 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		
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 facility document review on 9/18/2025, it was determined that the facility failed to ensure staffing rations were met to maintain the required minimum staff to resident ratio as mandated by the State of New Jersey. For the 2 weeks of AAS-11 staffing, the facility was deficient in CNA staffing for residents on 10 of 14 day shifts as follows: and For the 2 weeks of AAS-12 staffing, the facility was deficient in staffing for required resident services on 1 of 14 days as follows:This deficient practice was evidenced by the following: Based on facility document review on 09/18/2025 it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey for 10 of 14 day shifts and 1 of 14 days from 08/31/2025 through 09/13/2025. The deficient practice was evidenced by the following:	S0560	1. No specific residents were identified. 2. Current residents have the potential to be affected by this deficient practice. Rounds were made by the DON /designee on 09.19.25 and 09.22.25 and 09.26.2025 to validate care and services were provided to residents per plan of care with no concerns noted. Staffing was reviewed with the Staffing Coordinator, Administrator and DON for the next 14 days to validate nursing staff scheduled per facility needs and required ratios. Variances will be addressed. 3. The Staffing Coordinator and Director of Nurses were re-educated by the Administrator on sufficient staffing based on facility Assessment and state specific ratios. Education also included recruitment and retention strategies to include but are not limited to sign-on bonuses, referral bonuses, pick-up shift bonuses, rate adjustments, and text message campaigns to meet facility staffing needs. Further the staffing coordinator will review staffing during morning meeting and notify the DON and/or Administrator of potential barriers to meeting sufficient staffing requirement. Bonuses, schedule changes will be offered to nursing staff to include clinical leadership to meet resident needs and sufficient staffing requirements. The facility supervisor was re-educated and will contact the Admin/DON on additional staffing needs to meet resident care or minimum requirement as indicated.	12/15/2025

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S0560	Continued from page 1 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 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. The surveyor requested staffing for the weeks of 08/31/2025 through 09/13/2025. For the 2 weeks of AAS-11 staffing, the facility was deficient in CNA staffing for residents on 10 of 14 day shifts as follows: -08/31/25 had 12.5 CNAs for 141 residents on the day shift, required at least 18 CNAs. -09/01/25 had 14 CNAs for 140 residents on the day shift, required at least 17 CNAs. -09/02/25 had 16 CNAs for 140 residents on the day shift, required at least 17 CNAs. -09/03/25 had 16 CNAs for 140 residents on the day shift, required at least 17 CNAs. -09/07/25 had 13.5 CNAs for 142 residents on the day shift, required at least 18 CNAs. -09/08/25 had 15 CNAs for 140 residents on the day shift, required at least 17 CNAs. -09/09/25 had 16 CNAs for 140 residents on the day shift, required at least 17 CNAs.	S0560	Continued from page 1 4. An audit to include 3 reviews of the nursing staff schedule will be conducted by the Administrator / designee to validate that nursing staffing meets the facility needs and state specific minimums. Variances will be addressed with bonuses and schedule changes offered to nursing staff to include clinical leadership. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator/Designee to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.	

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S0560	Continued from page 2 -09/11/25 had 14 CNAs for 140 residents on the day shift, required at least 17 CNAs. -09/12/25 had 17 CNAs for 146 residents on the day shift, required at least 18 CNAs. -09/13/25 had 17 CNAs for 146 residents on the day shift, required at least 18 CNAs. For the 2 weeks of AAS-12 staffing, the facility was deficient in staffing for required resident services on 1 of 14 days as follows: For the week of 08/31/25 Required Staffing Hours: 377 -08/31/25 had 368 actual staffing hours, for a difference of -9 hours.	S0560		

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/15/2025 in relation to the 09/18/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities	F0000		

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New Jersey State Department of Health

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S0000	Initial Comments There is no Deficient Practice Statement for this citation	S0000		

Office of Primary Care and Health Systems Management

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