STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315206	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANAHAWKIN HEALTH AND REHABILITATION CENTER	1211 RT 72 WEST , MANAHAWKIN, New Jersey, 08050

(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 #: 2701205 Census: 106 Sample size: 6 A complaint survey was conducted on 12/29/2025 through 01/05/2026, to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. During the survey a finding that constituted Immediate Jeopardy (IJ) was identified under CFR 483.12(a)(1) F689. The facility failed to provide a safe environment and adequate NJ Exec Order 26.4b1 to prevent the NJ Exec Order 26.4b of a resident with NJ Exec Order 26.4b1 (Resident #2). During the early morning of 12/24/2025, Resident #2 NJ Ex Order 26.4(b)(1) the facility by watching staff NJ Ex Order 26.4(b)(1) near the NJ Ex Order 26.4 and NJ Ex Order 26.4(b)(1) on the NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1) . The resident stated that they went out of the facility to NJ Ex Order 26.4(b)(1) , but NJ Ex Order 26.4(b)(1), so they NJ Ex Order 26.4(b) from NJ Ex Order 26.4(b). Resident #2 was NJ Ex Order 26.4(b)(1) the facility by NJ Ex Order on NJ Ex Order 26.4(b)(1) at approximately 2:00 AM. The Administration was informed of the F689 IJ and was provided the IJ template on 12/29/2025 at 5:50 PM. An acceptable Removal Plan (RP) was received on 12/31/2025 at 1:05 PM, indicating the action the facility will take to prevent serious harm from occurring or reoccurring. The facility implemented a corrective action plan to remediate the deficient practice including: on NJ Ex Order 26.4(b)(1) Resident #2 was NJ Ex Order 26.4(b)(1) the facility and placed on	F0000		01/23/2026

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F0000	Continued from page 1 NJ Ex Order 26.4(b)(1); on NJ Ex Order 26.4(b) Resident #2 had a NJ Ex Order 26.4(b)(1) and its functionality verified, was placed on NJ Ex Order 26.4(b)(1), and was moved to a room closer to the NJ Ex Order 26.4(b)(1); On NJ Ex Order 26.4(b)(1) Resident #2's CP was updated; on NJ Ex Order 26.4(b)(1) Resident #2 was reassessed for NJ Ex Order 26.4(b)(risk; on NJ Ex Order 26.4(b)(1) a facility headcount was conducted; on NJ Ex Order 26.4(b)(1) facility NJ Ex Order 26.4(b) NJ Ex Order 26.4(alarms, and NJ Ex Order 26.4(b)(1) system were inspected to validate proper functioning; on NJ Ex Order 26.4(b)(1) the facility's NJ Ex Order 26.4(b) was updated to eliminate delay in opening and closing; on 12/26/2025 the facility NJ Ex Order 26.4(b)(policy was reviewed; on 12/26/2025 facility-wide staff were re-educated on NJ Ex Order 26.4(b)(prevention and emergency protocols was completed and competency was validated; on 12/26/2025 reassessments of at-risk residents were completed. The surveyor verified the implementation of the Removal Plan on-site during the continuation of the survey on 01/05/2026 and determined the immediacy was removed as of 12/30/2025.	F0000		
F0658 SS = D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is NOT MET as evidenced by: Complaint #: 2701205 Based on observations, interviews, medical record reviews, and review of other pertinent facility documentation on 01/05/2025, it was determined that the facility failed to a.) obtain a physician order for a resident (Resident #4) to NJ Ex Order 26.4(b)(1) facility NJ E [redacted]) or take NJ Ex Order 26.4(b)(1) [redacted] the facility, and b) update care plans for two residents (Resident #4 and Resident #6) with focuses and interventions related to the residents going NJ Ex Or or NJ Ex Or from the facility. This deficient practice was identified for 2 of 6 residents reviewed for care plans and was evidenced by the following:	F0658	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? R4 medical record reviewed and updated to reflect a physician order to NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1) [redacted] the facility and care plan updated to reflect stated physician order changes. R6 medical record reviewed and updated to reflect a physician order to NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1) [redacted] the facility and care plan updated to reflect stated physician order changes. How has the facility identified other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Residents residing at center have potential to be affected by alleged deficient practice. Nursing completed audit of in-house residents and updated physician orders and care plan to reflect if a resident can go out on pass or take a leave of absence from the facility. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice did not occur?	02/02/2026

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F0658 SS = D	Continued from page 2 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." Reference: New Jersey Statutes Annotated Title 45. Chapter 11. New Jersey Board of Nursing Statutes 45:11-23. Definitions " b. The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribe by a licensed or otherwise legally authorized physician or dentist. Diagnosing in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen. Such diagnostic privilege is distinct from a medical diagnosis. Treating means selection and performance of those therapeutic measures essential to the effective management and execution of the nursing regimen. Human response means those signs, symptoms and processes which denote the individual's health need or reaction to an actual or potential health problem. On 01/05/2025 at 9:30 AM and 12:23 PM, the surveyor observed both sampled and unsampled residents in the facility lobby and interacting with the US FOIA (b)(6) (who operated the button to unlock the facility's front door). An interview was conducted with the US FOIA (b)(6) on 01/05/22026 at 12:23 PM. The US FOIA (b)(6) stated that only one resident (Resident #4) in the facility was able to NJ Ex Order 26.4(b)(1) The US FOIA (b)(6) stated that when Resident #4 wanted to NJ Ex Order 2 the nursing staff would call her and tell her that the resident was on their way to the NJ Exec O to NJ Ex Order 2 The Receptionist stated that she would then assist the resident in getting their wheelchair out of the facility's NJ Ex Or [redacted].	F0658	Continued from page 2 Administrator provided Re-education to Licensed Nurses regarding having a physician order for residents to go out on pass or take a leave of absence from the facility. Administrator provided Re-education to Licensed Nurses regarding having a care plan for residents to go out on pass or take a leave of absence from the facility. How will the corrective action(s) be monitored to ensure the deficient practice will not recur? Administrator or designee will complete 5 resident medical record review audits weekly x 3 months ensuring residents have a physician order to go out on pass or take a leave of absence from the facility and have a care plan for this order.	

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F0658 SS = D	Continued from page 3 The medical record for Resident #4 was reviewed. According to the Admission Record (AR), Resident #4 was admitted to the facility with diagnoses including but not limited to: NJ Ex Order 26.4(b)(1) ; and NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)). According to the Quarterly Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4(b)(1) Resident #4 had a Brief Interview for Mental Status (BIMS) score of NJ Ex which indicated the resident's NJ Exec Order 26 was NJ Ex Order The MDS also indicated that Resident #4 used a NJ Exec Order 26.4 wheelchair or NJ Exec Order for NJ Exec Order 2 A review of the "Resident Responsibility NJ Ex Order 26.4 Sheet," for Resident #4 revealed that Resident #4 had NJ Ex Order 26.4(b)(1) the facility with "self" listed as the responsible party on the following dates in NJ Ex Order 26.4(b)(and NJ Ex Order 26.4(b)(1): NJ Ex Order 26.4(b)(1) A review of the Order Summary Report (OSR) for Resident #4 revealed no physician order (PO) indicating whether the resident could go NJ Ex Ord or for NJ Ex Ord or wha NJ Ex Order 26 the resident required. A review of the "Care Plan Report," (CPR) for Resident #4 revealed no focus, goals, or interventions related to Resident #4 going NJ Ex Ord or for NJ Ex Ord The medical record for Resident #6 was reviewed. According to the AR, Resident #6 was admitted to the facility with diagnosis including but not limited to NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)); NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)); NJ Ex Order 2); and NJ Ex Order 26.4(b)(1) .	F0658		

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F0658 SS = D	Continued from page 4 According to the Comprehensive MDS dated [NJ Ex Order 26.4(b)(1)] Resident #6 had a BIMS score of [NJ Ex] which indicated that the resident's [NJ Exec Order 26] was [NJ Ex Orde] A review of the OSR for Resident #6 revealed the following POs: May [NJ Ex Order 26.4(b)(1)] with medications. The PO had a start date of [NJ Ex Order 26.4(b)(1)] May [NJ Ex Order 26.4(b)(1)] with a responsible party. The PO had a start date of [NJ Ex Order 26.4(b)(1)] A review of the CPR for Resident #6 revealed no focus, goals, or interventions related to Resident #6 going [NJ Ex Ord] or for [NJ Ex Ord] An interview was conducted with Resident #6 on 01/05/2025 at 12:41 PM. Resident #6 stated that they had [NJ Ex Order 26.4(b)(1)] in the past. An interview was conducted with Resident #4 on 01/05/2026 at 1:09 PM. Resident #4 stated that they [NJ E] on their [NJ Exec Order 26.4(b)] once or twice a week. Resident #4 stated that the usual process was for them to notify a nurse and sign out in a logbook at the nurse's station. Resident #4 stated that the Nurses would then call and notify the [US FOIA (b)(6)] who would let the resident out through the front door. An interview was conducted with the [U.S. FOIA (b) (6)]) on 01/05/2026 at 2:46 PM. The OSR and CPR were reviewed with the [U.S. FOIA (b)] The [U.S. FOIA] confirmed that Resident #4's OSR did not contain a PO indicating if Resident #4 could go [NJ Ex Ord] or [NJ Ex Ord] The [U.S. FOIA] stated that the resident should have had an order so that staff would know if the resident could [NJ Ex Order]. The [U.S. FOIA] stated that a resident's [NJ Ex Ord] or [NJ Ex Or] status should have been included in the resident's CP because CPs were how nurses knew how to care for residents and what residents could do. The facility policy, "Comprehensive Care Plans," with an implemented date of 02/05/2025, and a	F0658		

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F0658 SS = D	Continued from page 5 reviewed/revised date of 02/05/2025, was reviewed. Under "Guideline:" the facility policy revealed that it was the guideline of the facility to develop and implement comprehensive person-centered care plans for each resident that were consistent with resident rights. The policy revealed that the CP should include measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs and meet professional standard of quality. Under "Definitions," the facility policy revealed that person-centered care meant to focus on the resident and support them in making their own choices and having control of their own lives. The same section of the facility policy revealed that "Professional standard of quality," meant that care and services were provided according to accepted standards of clinical practice. NJAC 8:39-23.2 (a)	F0658		
F0689 SS = SQC-J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Complaint #: 2701205 Based on interviews, review of medical records, and review of other pertinent facility documents on 12/29/2025, it was determined that the facility failed to create a safe environment and provide [redacted] to prevent the [redacted] of a resident (Resident #2) with NJ Ex Order 26.4(b)(1) . The deficient practice was identified for 1 of 3 residents reviewed for [redacted] (Resident #2). During the survey a finding that constituted Immediate Jeopardy (IJ) was identified under CFR 483.12(a)(1)	F0689	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? R2 [redacted] to facility on [redacted] was place on NJ Ex Order 26.4(b)(1) and then [redacted] including frequent NJ Ex Order 26.4(b)(1) during [redacted], and relocation closer to the [redacted] care plan updated. R2 was reassessed for [redacted] risk immediately on [redacted] using the [redacted] Evaluation and care plan reviewed and updated for the above interventions. R2 had additional evaluations and actions completed after event: BIMs Evaluation Head to Toe Evaluation [redacted] [redacted] Evaluation [redacted] Evaluation NJ Ex Order 26.4(b)(1) validated and confirmed operational prior to [redacted] of [redacted]. Physician and resident representative updated	02/02/2026

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F0689 SS = SQC-J	Continued from page 6 F689. The facility failed to: a) provide adequate NJ Exec Order 26.4b1 to prevent the NJ Ex Order 26.4(b)(1) a resident with NJ Ex Order 26.4(b)(1) (Resident #2), b) develop appropriate interventions to prevent NJ Ex Order 26.4(b)(1) and c) follow their NJ Ex Order 26.4(b)(and NJ Ex Order 26.4(b)(policy. On 12/24/2025 at approximately 1:40 AM, Resident #2 was seen by Certified Nursing Assistant (CNA) #2 walking in the hallway. Resident #2 NJ Ex Order 26.4(b)(1) the facility by watching staff NJ Ex Order 26.4(b)(1) near the NJ Ex and NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(to NJ Ex Order 26.4(b)(1). The resident stated that they NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1) , but NJ Ex Order 26.4(b)(1) so they NJ Ex Order 26.4(b)(1) from a NJ Ex Order 26.4 Resident #2 was NJ Ex Order 26.4(b)(the facility by NJ Ex Orde on NJ Ex Order 26.4(b)(1) at approximately 2:00 AM. The facility's failure to a.) provide a safe environment and NJ Exec Order 26.4b1 to prevent the NJ Ex Order 26.4(b)(of a resident with NJ Ex Order 26.4(b)(1) and b.) follow their NJ Ex Order 26.4(b)(and NJ Ex Order 26.4(b)(policy placed Resident #2 as well as all residents at risk for NJ Ex Order 26.4(b)(and posed a likelihood of serious harm, injury, impairment, or death and resulted in an Immediate Jeopardy (IJ) situation. The IJ began on NJ Ex Order 26.4(b)(1) when Resident #2 NJ Ex Order 2 the facility. The facility Administration was notified of the IJ on 12/29/2025 at 5:50 PM. The facility submitted an acceptable Removal Plan (RP) on 12/31/2025 at 1:05 PM. The surveyor verified the implementation of the RP during the continuation of the on-site survey on 01/05/2026. The evidence was as follows: The facility policy "Elopements and Wandering Residents," with a review/revision date of 04/22/2025 was reviewed. Under "Guideline," the policy revealed that the guideline ensured that residents who exhibited wandering behavior or were at risk for elopement received adequate supervision to prevent accidents and received care according to their individualized care plan. Under "Definitions," the policy revealed that elopement occurs when a resident leaves the premises or a safe area without authorization or the necessary supervision to do so. Under "Explanation and Compliance Guidelines," the facility policy revealed that the facility would utilize a systematic approach to	F0689	Continued from page 6 How has the facility identified other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? A facility headcount was conducted to ensure current residents accounted for. Facility exit doors, keypads, alarms, and Wanderguard system inspected and tested to validate proper functioning. Facility residents reviewed for reassessment of elopement risk and care plans updated to reflect current interventions and risk profiles as indicated. On 12/24/25 the front door was changed by NJ Ex Order 26 to no longer have a delay when opening or closing. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice did not occur? Administrator provided Re-education to facility staff by 12/26/25 on elopement prevention and emergency protocols with competency completed. Elopement Prevention added as a standing QAPI agenda item and elopement drills scheduled quarterly, one scheduled for January 2026. How will the corrective action(s) be monitored to ensure the deficient practice will not recur? Administrator or designee will review daily audits in Morning Stand Up Meeting x 4 weeks ensuring resident location checks completed, functionality of exit alarms and Wanderguard system, and completion of required documentation. This plan of correction will be monitored at the monthly Quality Assurance meeting until such time consistent with substantial compliance has been met	

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F0689 SS = SQC-J	Continued from page 7 monitoring and managing residents at risk for elopement which included identification and assessment of risk. A review of the Facility Reportable Event (FRE) dated NJ Ex Order 26.4(b)(1) that the facility submitted to the New Jersey Department of Health (NJDOH), revealed that at approximately 2:00 AM on NJ Ex Order 26.4(b)(1), Resident #2 NJ Ex Order 2 the facility by NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(. The FRE revealed that Resident #2 stated that they waited NJ Ex Order 26.4(b)(1), then NJ Ex Orde The FRE further revealed that NJ Ex Order 26.4(b Resident #2 NJ the facility. An undated "Summary of investigation," document with "NJ Ex Order 26.4(b)(1) [Resident #2]," and "Date of incident: NJ Ex Order 26.4(b)(1)," at the top was reviewed. The "Overview and description of event:" section of the document revealed that at approximately 2:00 AM NJ Ex Order 26.4(b)(1) the facility with Resident #2 and stated that the resident was NJ Ex Order 26.4(b)(1) . This section of the facility document revealed that Resident #2 stated that they NJ Ex Order 26.4(b)(the facility to NJ Ex NJ Ex Order 2 A handwritten statement by CNA #2 dated NJ Ex Order 26.4(b)(1) was reviewed. The statement revealed that on NJ Ex Order 26.4(b)(1) she saw Resident #2 at 1:30 AM or 1:40 AM. The statement further revealed that approximately 30 minutes later NJ Ex Order 26.4(b)(1) and stated that a facility resident was NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4 the resident NJ the facility. A handwritten statement by Licensed Practical Nurse (LPN) #1 dated NJ Ex Order 26.4(b)(1) was reviewed. The statement revealed that Resident #2 said goodnight to LPN #1 at 1:00AM on NJ Ex Order 26.4(b)(1) . The statement further revealed that at 2:00 AM, NJ Ex Order 26.4(b)(1) Resident #2 NJ Ex Order 26 the facility NJ Ex Order 26.4(b)(1) No additional staff statements were provided on 12/29/2025. A "Incident Detail Report," provided by the responding NJ Ex Order 26.4(b)(1) was reviewed. The report revealed that on NJ Ex Order 26.4(b)(1) at 1:40 AM, a caller reported that NJ Ex Order 26.4(b)(1) was observed NJ Ex Order 26.4(b)(1) . The NJ Ex Order 26.4(b)(1) identified themself to the caller with Resident #2's	F0689		

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F0689 SS = SQC-J	Continued from page 8 NJ Ex Order 26.4(b) and was NJ Ex Order 26.4(b)(1). The NJ Ex Orde took Resident #2 NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). The report further revealed that Resident #2 was NJ Ex Order 26.4(b)(1) at 2:00AM and NJ Ex Order 26.4(b)(1) the facility staff 2:08AM. An interview was conducted with Resident #2 on 12/29/2025 at 11:24 AM. Resident #2 stated that they were only allowed to NJ Ex Order 26.4(b)(1). Resident #2 stated that they NJ Ex Order 26.4(b)(1) or NJ Ex days ago by NJ Ex Order 26.4(b)(1), then NJ Ex Order 26.4(b)(1) while NJ Ex Order 26.4(b)(1). Resident #2 stated that they wanted to NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b) but NJ Ex Order 26. Resident #2 stated that NJ Ex Order 2 and NJ Ex Order 26.4(b)(1) Resident #2 stated that NJ Ex Order 26.4(b) then arrived at NJ Ex Order 26.4(b)(1) and NJ Ex Order 26 the resident NJ Ex Order 26.4(b)(1) Resident #2 stated that they were NJ Ex Order 26.4(b)(1), and NJ Ex Order 26 when NJ Ex Order 26.4(b)(1) facility. Resident #2 further stated that they NJ Ex Order 26.4(b)(1) A telephone interview was conducted with CNA #2 on 12/29/2025 at 12:22 PM. CNA #2 stated that at approximately 1:45AM or 2:00AM, on NJ Ex Order 26.4(b)(1), she saw Resident #2 NJ Ex Order 26.4(b)(1) the facility, which was their NJ Ex Order 26.4(b)(1). CNA #2 stated that later, a NJ Ex Order 26.4(b)(1) rang the doorbell and informed staff that Resident #2 was NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4 the resident NJ Ex Order 26.4(b)(1) A telephone interview was conducted with the Nursing Supervisor (NS) #1 on 12/29/2025 at 1:09 PM. NS #1 stated that she was the NS on duty on NJ Ex Order 26.4(b)(1) when Resident #2 NJ Ex Order 26 NS #1 stated that Resident #2 told her that they NJ Ex Order 26.4(b)(1). NS #1 also stated the NJ Ex Order 2 the facility's NJ Ex Order 26.4(b) did not NJ Ex Order 26.4(when the door was closed and it was possible for a someone NJ Ex Order 26.4(when the door was that way. NS #1 further stated that Resident #2 had, NJ Exec Order 26.4b1 An interview was conducted with the Unit Manager (UM) #1 on 12/29/2025 at 1:32 PM. UM #1 stated that if the resident was NJ Ex Order 26.4(b)(1) the facility it was considered NJ Ex Order 26.4(b)(1). UM #1 stated that NJ Ex Order 26.4(b)(1) allow residents NJ Ex Order 26.4(b) and it was the job of the facility to keep residents safe and secure. UM #1	F0689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315206	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANAHAWKIN HEALTH AND REHABILITATION CENTER	1211 RT 72 WEST , MANAHAWKIN, New Jersey, 08050

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F0689 SS = SQC-J	Continued from page 9 further stated that it was not safe for Resident #2 to NJ Ex Order 26.4(b)(1) and that she would not advise that Resident #2 was safe NJ Ex Order 26.4(b)(1) the facility NJ Ex Order 26.4(b)(1) An interview was conducted with the U.S. FOIA on 12/29/2025 at 2:17 PM. The U.S. FOIA stated that NJ Ex Order 26.4(b)(1) is when no one knows that a resident NJ Ex Order 26.4(b)(1) or the NJ Ex Order 26.4(b)(1) the facility. The U.S. FOIA stated that when residents NJ Ex Order 26 they could NJ Ex (be NJ Ex Order 26.4(or "anything could happen." The U.S. FOIA stated that after NJ Ex Order 26.4(b)(1) the expectation was that the resident was assessed by the charge nurse or U.S. FO a risk management form was completed in the computer, staff statements were collected, and the resident's family and physician were notified. The U.S. FOIA stated that the process allowed the facility to do a thorough investigation, determine the root cause of the NJ Ex Order 26.4(b)(1 and prevent it from happening again. A review of the medical record for Resident #2 revealed the following: According to the Admission Record, Resident #2 was admitted to the facility with diagnoses including but not limited to: NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)) NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)); NJ Ex Order 26.4(b)(1) (NJ Ex Order 2); NJ Ex Order 2 A review of Resident #2's NJ Ex Order 26.4(b)(Risk Review (NJ Ex Ords dated NJ Ex Order 26.4(b)(1) at 12:05 PM, revealed that Resident #2 was at NJ Ex Order 26.4(b)(1) . A review of Resident #2's ERR dated NJ Ex Order 26.4(b)(1) at 2:46 AM, revealed that Resident #2 verbalized the desire to, or plans to NJ Ex Order 26.4(b)(1) Further review of the facility document revealed that the resident was NJ Ex Order 26.4(b)(1), had NJ Ex Order 26.4(b)(1) , had NJ Ex Order 26.4(b)(1) . The resident was assessed as at risk of NJ Ex Order 26.4(b)(1	F0689		

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F0689 SS = SQC-J	Continued from page 10 No [NJ Ex Orde] dated between [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)] were provided. A review of Resident #2's Care Plan (CP) revealed a focus initiated on [NJ Ex Order 26.4(b)(1)] and revised on [NJ Ex Order 26.4(b)(1)], that Resident #2 had a [NJ Ex Order 26.4] deficit related to [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)]. Interventions included but were not limited to watching the resident for [NJ Ex Order 2] encouraging [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)]. Resident #2's CP revealed a focus initiated on [NJ Ex Order 26.4(b)(1)] and revised on [NJ Ex Order 26.4(b)(1)] that the resident was at risk for [NJ Ex Order 26.4(b)(1)]. Interventions included but were not limited to keeping the resident's call bell in reach and responding promptly to requests for assistance. The Progress Notes (PN) for Resident #2 were reviewed. A PN written by NS #1 on [NJ Ex Order 26.4(b)(1)] at 2:42 AM, revealed that at 2:00 AM, on the same day [NJ Ex Order 26] the facility and informed NS #1 that Resident #2 was [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)]. The passerby then called [NJ Ex Order 26.4(b)]. The PN revealed that [NJ Ex Order 26.4(b)(1)] brought Resident #2 back to the facility. The PN further revealed that Resident #2 told NS #1 that they knew [NJ Ex Order 26.4(b)(1)] but refused to further discuss the [NJ Ex Order 26.4(b)(1)]. An acceptable Removal Plan (RP) was received on [NJ Ex Order 26.4(b)(1)] at 1:05 PM, indicating the action the facility will take to prevent serious harm from occurring or reoccurring. The facility implemented a corrective action plan to remediate the deficient practice including: On [NJ Ex Order 26.4(b)(1)] Resident #2 was [NJ Ex Order 26.4(b)(1)] the facility and placed on [NJ Ex Order 26.4(b)(1)]. On 12/24/2025 Resident #2 had [NJ Ex Order 26.4(b)(1)] and its [NJ Ex Order 26.4(b)(1)] verified, was placed on [NJ Ex Order 26.4(b)], and was moved to a room closer to the [NJ Ex Order 26.4(b)(1)]	F0689		

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F0689 SS = SQC-J	Continued from page 11 On [redacted] Resident #2's CP was updated. On [redacted] Resident #2 was reassessed for [redacted] risk. On [redacted] a facility headcount was conducted. On [redacted] facility [redacted], [redacted] alarms, and [redacted] were inspected to validate proper functioning. On [redacted] the facility's front door was updated to eliminate delay in opening and closing. On 12/26/2025 the facility [redacted] policy was reviewed. On 12/26/2025 facility-wide staff were re-educated on [redacted] prevention and emergency protocols was completed and competency was validated. On 12/26/2025 reassessments of at-risk residents were completed. During an interview on 01/05/2026 at 1:41 PM, the [redacted] stated that the facility's [redacted] binder was revised to contain only residents at risk for [redacted] on 12/30/2025. The surveyor verified the implementation of the Removal Plan on-site on 01/05/2026, and determined the immediacy was removed as of 12/30/2025. NJAC 8:39-27.1 (a)	F0689		
F0842 SS = D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5),483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public.	F0842	It is the policy of Manahawkin Health & Rehabilitation to follow current practice to document interventions intended to prevent elopement, Resident(s) Affected by Deficient Practice and Corrective Actions Taken: No residents were affected related to the deficient	02/02/2026

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F0842 SS = D	Continued from page 12 (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for-	F0842	Continued from page 12 practice. Education was given to the nurse who failed to document in the TAR. Education also given to nurses regarding proper documentation of interventions intended to prevent NJ Ex Order 26.4(b)(in the resident TAR of residents wearing NJ Ex Order 26.4(b)(1). Residents Identified with Potential to be Affected by Deficient Practice and Corrective Actions Taken to Prevent Potential Residents from Being Affected: All residents have the potential to be affected by this deficient practice. Measures/Systemic Changes to Ensure Deficient Practice Does Not Recur: System | Process Changes: Residents at risk for elopement who currently wear wander guards TAR were immediately audited for proper documentation indicating that the skin integrity, placement, or function related to Resident's wanderguard were checked. Education | Re-Education: Nursing staff have been educated by the Nurse Educator on proper documentation in TAR by 1/26/2026, Monitoring to Ensure Solutions are Sustained: To ensure compliance Nursing Managers will conduct audits of the resident TAR indicating that the skin integrity, placement, or function related to Resident's wanderguard were checked, on a daily basis for 30 days, then weekly for 4 weeks and then monthly for one month. These audits will be submitted to the Administrator starting 1/30/2026. Continued Monthly Audits of TARS will be completed to ensure ongoing compliance. The results of the audits will be reviewed by QAPI Committee monthly for trends and need for adjustment of audit schedules or content, as well as potential further educational needs until substantial compliance has been met. Through focused random audits and both scheduled and as needed refresher training, the facility will sustain ongoing regulatory compliance.	

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F0842 SS = D	Continued from page 13 (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is NOT MET as evidenced by: Complaint #: 2701205 Based on observation, interviews, medical record review, and review of other pertinent facility documentation on 12/29/2025 and 01/05/2026, it was determined that facility staff failed to document interventions intended to prevent [NJ Ex Order 26.4(b)(1)] that were provided to a resident with a history of [NJ Ex Order 26.4(b)(1)] from the facility (Resident #2). This deficient practice was identified for 1 of 6 residents (Resident #2) reviewed for documentation. This deficient practice was evidenced by the following: On 12/29/2025, at 11:24 A.M., the Surveyor conducted an interview with Resident #2 and observed [NJ Ex Order 26.4(b)(1)] [redacted] on the resident's [NJ Ex Order] Resident #2 explained that they [NJ Ex Order 26.4(b)(1)] because they had [NJ Ex Order 26.4(b)(1)] the facility 5 or 6 days prior.	F0842		

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F0842 SS = D	Continued from page 14 The Surveyor reviewed the medical record for Resident #2. According to the Admission Record, Resident #2 was admitted to the facility with diagnoses including but not limited to: NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)), NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)), NJ Ex Order 26.4(b)(1) (NJ Ex Order 2), NJ Ex Order 2 A review of the Minimum Data Set, an assessment tool, dated NJ Ex Order 26.4(b)(1) , revealed that Resident #2 had a Brief Interview for Mental Status score of NJ Ex which indicated that the resident's NJ Exec Order 26 was NJ Ex Order A review of Resident #2's "NJ Ex Order 26.4(b)(Risk Review," (NJ Ex Orde dated NJ Ex Order 26.4(b)(1) at 2:46 AM, revealed that Resident #2 verbalized the desire to, or plans to NJ Ex Ord . Further review of the ERR revealed that the resident was NJ Ex Order 26.4(b)(1) , had NJ Ex Order 26.4(b)(1) , had NJ Ex Order 26.4(b)(1) or had a history/risk of NJ Ex Order 26.4(b)(1 The resident was assessed as at risk of NJ Ex Order 26.4(b)(1 A review of Resident #2's Care Plan (CP) revealed a focus initiated on NJ Ex Order 26.4(b)(1) and revised on NJ Ex Order 26.4(b)(1 , that Resident #2 was at risk for NJ Ex Order 26.4(b)(related to their attempts to leave the facility and an "incident," or NJ Ex Order 26.4(b)(1) . Interventions related to this focus included but were not limited to the use of NJ Ex Order 26.4(b)(1) tag for the resident. The "Order Summary Report," (ORS) for Resident #2 revealed the following physician orders (POs): Check placement of the NJ Ex Order 26.4(b)(1) every shift for safety and NJ Ex Order 26.4(b)(1 The PO had a start date of NJ Ex Order 26.4(b)(1)	F0842		

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F0842 SS = D	Continued from page 15 Check skin integrity under the [redacted] on the resident's [redacted] every shift for safety and [redacted] The PO had a start date of [redacted] Check [redacted] function, placement and expiration of [redacted] every shift and replace the [redacted] immediately if expired, in ill repair, or not functioning. The PO had a start date of [redacted] Review of Resident #2's Treatment Administration Record (TAR) revealed blank boxes for the aforementioned orders on night shift of [redacted] The Progress Notes (PN) for Resident #2 were reviewed. A PN written by NS #1 on [redacted] at 2:42 AM, revealed that at 2:00 AM, on the same day a [redacted] at the facility and informed NS #1 that Resident #2 was [redacted] and [redacted]. The [redacted] then [redacted]. The PN revealed that another officer brought Resident #2 back to the facility. The PN further revealed that Resident #2 told NS #1 that they knew the [redacted] to the facility door but refused to further discuss the [redacted] The PNs revealed no documentation indicating that the [redacted], [redacted] or function related to Resident #2's [redacted] were checked. The Surveyor attempted to contact the Licensed Practical Nurse (LPN) #2 who cared for Resident #2 during the night shift on [redacted] but was unsuccessful. An untitled and undated facility document was reviewed. The top of the document revealed, "To ensure that all entries in the Medication Administration Record (MAR) and Treatment Administration record (TAR) are signed promptly and accurately after each medication or treatment is administered." Review of the document further revealed that proper documentation is essential for supporting accurate medical records and promoting resident safety. The document revealed that all records should be reviewed for completeness at the end of that shift. Under. "Acknowledgement," the document revealed. "I acknowledge that I have read and understand the contents of this memo regarding timely and accurate	F0842		

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F0842 SS = D	Continued from page 16 signing of MAR and TAR documentation." This section of the document further revealed the name and signature of LPN #2 and the date[NJ Ex Order 26.4(b)(1)]. An interview was conducted with the[U.S. FOIA (b) (6)] on 01/05/2026 at 1:41 PM. The[U.S. FOIA] stated that nurses were in-serviced regarding checks of Resident #2's[NJ Ex Order 26.4(b)(1)] and documentation in the TAR. The[U.S. FOIA] stated that the resident's[NJ Ex Order 26.4(b)(1)] should have been checked every shift, which meant every eight hours. The[U.S. FOIA] confirmed that there was no documentation indicating the checks of Resident #2's[NJ Ex Order 26.4(b)(1)] were performed according to the POs on the night shift of 01/02/2026. During a follow up interview on 01/05/2028 at 2:46 PM, the[U.S. FOIA] stated that blank spaces on the TAR meant that there was no way to know if the care was provided. The[U.S. FOIA] further stated, "I tell the nurses that if they didn't document something, it didn't happen." NJAC 8:39-35.2 (d)	F0842		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061520	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/05/2026

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S0000	Initial Comments Complaint #: 2701205 Census: 106 Sample size: 6 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		01/23/2026
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 # Based on interviews and review of facility documents on 01/14/2026, it was determined that the facility failed to ensure staffing ratios were met for 14 of 14-day shifts, 1 of 14 evening shifts and 11 of 14 overnight shifts reviewed. 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	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? No residents were affected by alleged deficient practice. How has the facility identified other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Residents residing at center have potential to be affected by alleged deficient practice. Caring Partners continue to meet with residents weekly to discuss any staffing concerns they may have. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice did not occur? Administrator provided Re-education to staffing coordinator of HR regarding New Jersey staffing	02/02/2026

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: 061520	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/05/2026

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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 complaint staffing from 12/14/2025-12/27/2025, the facility was deficient in CNA staffing for 14 of 14 day shifts as follows: On 12/14/25 had 7 CNAs for 110 residents on the day shift, required at least 14 CNAs. On 12/15/25 had 11 CNAs for 110 residents on the day shift, required at least 14 CNAs. On 12/16/25 had 10 CNAs for 110 residents on the day shift, required at least 14 CNAs. On 12/17/25 had 11 CNAs for 110 residents on the day shift, required at least 14 CNAs. On 12/18/25 had 12 CNAs for 110 residents on the day shift, required at least 14 CNAs. On 12/19/25 had 10 CNAs for 109 residents on the day shift, required at least 14 CNAs. On 12/20/25 had 11 CNAs for 108 residents on the day shift, required at least 13 CNAs. On 12/21/25 had 9 CNAs for 108 residents on the day shift, required at least 13 CNAs. On 12/22/25 had 11 CNAs for 108 residents on the day shift, required at least 13 CNAs. On 12/23/25 had 11 CNAs for 108 residents on the day shift, required at least 13 CNAs. On 12/24/25 had 10 CNAs for 109 residents on the day	S0560	Continued from page 1 mandate. Facility continues to actively recruit for open C.N.A. and Nurse positions to be able to staff at New Jersey staffing mandate number. How will the corrective action(s) be monitored to ensure the deficient practice will not recur? Caring Partners to complete audit with residents 3X weekly x 3 months ensuring residents have no concerns with staffing, if concerns expressed these will be immediately shared with NHA.. This plan of correction will be monitored at the monthly Quality Assurance meeting until such time consistent with substantial compliance has been met.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061520	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANAHAWKIN HEALTH AND REHABILITATION CENTER	1211 RT 72 WEST , MANAHAWKIN, New Jersey, 08050

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S0560	Continued from page 2 shift, required at least 14 CNAs. On 12/25/25 had 5 CNAs for 108 residents on the day shift, required at least 13 CNAs. On 12/26/25 had 11 CNAs for 108 residents on the day shift, required at least 13 CNAs. On 12/27/25 had 11 CNAs for 107 residents on the day shift, required at least 13 CNAs. For the 2 weeks of complaint staffing from 12/14/2025-12/27/2025, the facility was deficient in CNA staffing for 1 of 14 evening shifts as follows: On 12/24/25 had 10 CNAs for 109 residents on the evening shift, required at least 11 CNAs. For the 2 weeks of complaint staffing from 12/14/2025-12/27/2025, the facility was deficient in CNA staffing for 11 of 14 overnight shifts as follows: On 12/14/25 had 7 CNAs for 110 residents on the overnight shift, required at least 8 CNAs. On 12/16/25 had 7 CNAs for 110 residents on the overnight shift, required at least 8 CNAs. On 12/18/25 had 7 CNAs for 110 residents on the overnight shift, required at least 8 CNAs. On 12/19/25 had 7 CNAs for 109 residents on the overnight shift, required at least 8 CNAs. On 12/20/25 had 6 CNAs for 108 residents on the overnight shift, required at least 8 CNAs. On 12/21/25 had 7 CNAs for 108 residents on the overnight shift, required at least 8 CNAs. On 12/23/25 had 7 CNAs for 108 residents on the overnight shift, required at least 8 CNAs. On 12/24/25 had 6 CNAs for 109 residents on the overnight shift, required at least 8 CNAs. On 12/25/25 had 7 CNAs for 108 residents on the overnight shift, required at least 8 CNAs. On 12/26/25 had 5 CNAs for 108 residents on the overnight shift, required at least 8 CNAs.	S0560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061520	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/05/2026

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S0560	Continued from page 3 On 12/27/25 had 6 CNAs for 107 residents on the overnight shift, required at least 8 CNAs.	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 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: Based on review of the Nurse Staffing Reports for the weeks of 12/14/2025 and 12/21/2025, it was determined that the facility failed to provide at least minimum staffing levels for 11 of 14 days. The required	S1680	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? No residents were affected by alleged deficient practice. How has the facility identified other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Residents residing at center have potential to be affected by alleged deficient practice. Caring Partners continue to meet with residents weekly to discuss any staffing concerns they may have. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice did not occur? Administrator provided Re-education to staffing coordinator of HR regarding New Jersey staffing mandate. Facility continues to actively recruit for open C.N.A. and Nurse positions to be able to staff at New Jersey staffing mandate number. How will the corrective action(s) be monitored to ensure the deficient practice will not recur? Caring Partners to complete audit with residents 3X weekly x 3 months ensuring residents have no concerns with staffing, if concerns expressed these will be immediately shared with NHA.. This plan of correction will be monitored at the monthly Quality Assurance meeting until such time consistent with substantial compliance has been met.	02/02/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061520	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/05/2026

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S1680	Continued from page 4 staffing hours and actual staffing hours are as follows: For the 1 week of nurse staffing from 12/14/25-12/20/25, the facility was deficient in nurse staffing for 5 of 7 days as follows: On 12/14/25 had 232 nursing hours, required at least 285.50 hours for a deficiency of 53.50 hours. On 12/16/25 had 272 nursing hours, required at least 285.50 hours for a deficiency of 13.50 hours. On 12/18/25 had 280 nursing hours, required at least 285.50 hours for a deficiency of 5.50 hours. On 12/19/25 had 272 nursing hours, required at least 285.50 hours for a deficiency of 13.50 hours. On 12/20/25 had 272 nursing hours, required at least 285.50 hours for a deficiency of 13.50 hours. For the 1 week of nurse staffing from 12/14/25-12/20/25, the facility was deficient in nurse staffing for 6 of 7 days as follows: On 12/21/25 had 256 nursing hours, required at least 284.50 hours for a deficiency of 28.50 hours. On 12/23/25 had 272 nursing hours, required at least 284.50 hours for a deficiency of 12.50 hours. On 12/24/25 had 240 nursing hours, required at least 284.50 hours for a deficiency of 44.50 hours. On 12/25/25 had 224 nursing hours, required at least 284.50 hours for a deficiency of 60.50 hours. On 12/26/25 had 256 nursing hours, required at least 284.50 hours for a deficiency of 28.50 hours. On 12/27/25 had 272 nursing hours, required at least 284.50 hours for a deficiency of 12.50 hours.	S1680		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315206	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANAHAWKIN HEALTH AND REHABILITATION CENTER	**1211 RT 72 WEST , MANAHAWKIN, New Jersey, 08050**

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F0000	INITIAL COMMENTS An on-site revisit for the facility's Plan of Correction was conducted on 02/09/2026 in relation to the 01/05/2026 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

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061520	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/09/2026

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S0000	Initial Comments An on-site revisit for the facility's Plan of Correction was conducted on 02/09/2026 in relation to the 01/05/2026 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		

Office of Primary Care and Health Systems Management

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