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 02/03/2026

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 #s NJ 2731638, 2732711, 2732007, 2732303 COMPLAINT SURVEY: 2/3/2026 CENSUS: 109 SAMPLE SIZE: 4 A Complaint Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long-Term Care Facilities. Deficiencies were cited for this survey.	F0000		02/17/2026
F0727 SS = F	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 1919(b)(4)(C);1919(b)(4)(C)(i);1819(b)(4)(C);1819(b)(4)(C)(i);483.35(c)(1)-(3) Social Security Act §1919 [42 U.S.C. 1396r] §1919(b)(4)(C) Required nursing care; facility waivers.- §1919(b)(4)(C)(i) General requirements.-With respect to nursing facility services provided on or after October 1, 1990, a nursing facility- (II) except as provided in clause (ii), must use the services of a registered professional nurse for at least 8 consecutive hours a day, 7 days a week. Social Security Act §1819 [42 U.S.C. 1395i-3] §1819(b)(4)(C) REQUIRED NURSING CARE.- §1819(b)(4)(C)(i) IN GENERAL.-Except as provided in clause (ii), a skilled nursing facility … must use the services of a registered professional nurse at least 8 consecutive hours a day, 7 days a week. §483.35(c)(3) Except when waived under paragraph (f) or (g) of this section, the facility must designate a	F0727	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. Facility continues to actively recruit for open RN positions. 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 Scheduler, Unit Managers, and HR regarding having an RN work 7 days per week for at least 8 consecutive hours a day. How will the corrective action(s) be monitored to ensure the deficient practice will not recur? Administrator or designee will complete review of staffing schedule daily at morning meeting to ensure an RN is scheduled to work 7 days per week for at least 8 consecutive hours a day. This plan of correction will be monitored at the monthly Quality Assurance meeting until such time consistent with substantial compliance has been met.	02/06/2026

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: 315206	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/03/2026

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F0727 SS = F	Continued from page 1 registered nurse to serve as the director of nursing on a full time basis. §483.35(c)(4) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is NOT MET as evidenced by: Based on interview and review of Nurse Staffing Report (NSR) it was determined that the facility failed to ensure a U. S. FOIA (b) (2) worked seven days a week for at least eight consecutive hours a day for 4 of 14 days reviewed. This deficient practice was evidenced by the following: 0n 2/3/26, the surveyor requested the NSR to be completed for the 2 weeks of staffing prior to survey from 01/18/2026 to 01/31/2026. A review of the NSRs completed by the facility for the above requested weeks revealed the facility had no RN coverage for all shifts on 1/18/26, 1/21/26, 1/28/26 and 1/31/26. On 2/11/26 at 8:06 AM, during a telephone conversation, the U. S. FOIA (b) (2) confirmed she was aware there was no RN coverage for the above mentioned dates. She stated, "It was due to call outs." NJAC 8:39-25.2(h)	F0727		02/06/2026
F0809 SS = F	Frequency of Meals/Snacks at Bedtime CFR(s): 483.60(f)(1)-(3) §483.60(f) Frequency of Meals §483.60(f)(1) Each resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care. §483.60(f)(2)There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span.	F0809	Resident(s) Affected by Deficient Practice and Corrective Actions Taken: No residents were affected related to the deficient practice. 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. Residents were provided a variety of substantial snacks on 1/31/2026 until breakfast was delivered to floor at 11am. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice did not occur? Re-Education provided to all staff by Administrator and/or Designee regarding mealtimes and what to do when a meal is not delivered timely including	02/25/2026

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F0809 SS = F	Continued from page 2 §483.60(f)(3) Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, consistent with the resident plan of care. This REQUIREMENT is NOT MET as evidenced by: Complaint #2731638 Based on interviews and review of facility provided documents, it was determined that the facility failed to provide residents with their breakfast meal at a regular time comparable to normal mealtimes, with no more than 16 hours elapsing between the evening meal and the breakfast meal the following day. This deficient practice was identified for one of one breakfast meal (1/31/26) reviewed and was evidenced by the following: On 2/3/26 at 11:48 AM, the surveyor interviewed the [redacted] floor [redacted] who stated breakfast usually was delivered to her residents between 7:45 AM and 8:15 AM. She further stated that on Saturday (1/31/26) breakfast was not delivered until approximately 11 AM. The [redacted] stated she provided some of her residents with snacks from the pantry while they were waiting for breakfast that morning. She stated she did not know the reason for the delay in breakfast being served but continued to provide her morning care as usual until breakfast arrived. She further stated the nursing staff did not have a key to the kitchen. She acknowledged she did not notify a supervisor or manager about the delay in the breakfast meal. On 2/3/2026 at 12:05 PM, the surveyor interviewed the [redacted] floor [redacted]) who stated breakfast was usually served by 8:30 AM. She stated that on Saturday morning (1/31/26), breakfast was not delivered to the residents until approximately 10:30 or 11 AM. She stated some residents asked for food and she offered them what was available in the pantry. On 2/3/26 at 1:22 PM the surveyor interviewed the [redacted] who stated the cook was scheduled to work on Saturday (1/31/26) at 5:30 AM. The [redacted] stated the following timeline: The cook called him at 4 AM that morning to report having car trouble, but that he would attempt to get	F0809	Continued from page 2 adding a key to the kitchen on the nursing supervisor keyring. Re-education provided to dietary staff by Dietary Manager and/or Designee regarding call off procedure including what to do and who to call if meal service will be delayed. How will the corrective action(s) be monitored to ensure the deficient practice will not recur? Dietary Manager or designee will complete audit of meal delivery times daily for 8 weeks to ensure meals are served timely with no more than 16 hours elapsing between the evening meal and the breakfast meal the following day. This plan of correction will be monitored at the monthly Quality Assurance meeting until such time substantial compliance has been met.	02/25/2026

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F0809 SS = F	Continued from page 3 to work on time. The U. S. FOIA further stated he received a call from the U. S. FOIA (b) (2) at 6:30 AM who reported he was at work but unable to get into the kitchen because the door was locked. The U. S. FOIA stated that two cooks, the U. S. FOIA (himself), and the director of maintenance had keys to the kitchen. He acknowledged the U. S. FOIA (b) (2) did not have a key to the kitchen. He was unable to speak to whether the nursing department was provided with a key to the kitchen. The U. S. FOIA stated he received a call from the night shift cook at 9:30 AM who stated he had arrived at the facility with the key to the kitchen. The U. S. FOIA further stated there were four U. S. FOIA (b) (2) who waited at the facility for a cook to arrive with the key. The U. S. FOIA stated he himself went to the facility at 10:45 AM to assist with breakfast service. The U. S. FOIA acknowledged there was a delay in serving the breakfast meal that day. He further acknowledged that 17 hours elapsed between dinner served at 5:45 PM on 1/30/26 and breakfast served at 10:45 AM on 1/31/26. On 2/3/2026 at 11:53, the surveyor interviewed the U. S. FOIA (b) (2), who stated the U. S. FOIA (b) (2) arrived at 630 to prep breakfast but the kitchen was locked so he sat in lobby waiting for the cook to arrive. She stated he did not tell anyone he couldn't get into the kitchen. The U. S. FOIA (b) stated the night supervisor had a key but was unaware of the problem. She stated she was made aware of the problem at 9:40 AM and at that time she called the US FOIA (b)(6) who was already on the way to the facility. A review of the facility policy provided by the US FOIA titled "Serving a Meal" dated 11/29/23 which reflected that the policy of the facility was to serve meals that meet the nutritional needs of residents. The policy explanation and compliance guidelines reflected 14 items related to the proper way to serve a meal to a resident (ie. "… open all cartons and give the napkin to the resident… etc). The policy did not reflect a process to ensure meals were provided at regular times and not more than 16 hours elapsed between meals. The surveyor inquired regarding additional policies or procedures with regard to meal times. No further information was provided prior to the end of the survey. NJAC 8:39 – 17.2 (f)	F0809		02/25/2026

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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		02/17/2026
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: Based on review of the Nurse Staffing Report (AAS-11), it was determined that the facility failed to maintain the required minimum direct care staff-to-shift ratios as mandated by the state of New Jersey for 14 of 14 shifts reviewed. This deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 1/28/21, "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. The following ratio(s) were effective on 2/01/21: 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 than	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 and Human Resource regarding New Jersey staffing mandate. Facility will continue to review daily staffing needs with the Interdisciplinary Team in morning meetings. Facility continues to actively recruit for open Certified Nurse Aid and Nurse positions to be able to staff at New Jersey staffing mandate number.	02/25/2026

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S0560	Continued from page 1 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. The survey team requested AAS-11staffing for the 2 weeks of staffing from 01/18/2026 to 01/31/2026 prior to the 02/03/2026 survey. The facility was deficient in CNA staffing for residents on 14 of 14 day shifts, deficient in total staff for residents on 1 of 14 evening shifts, and deficient in total staff for residents on 11 of 14 overnight shifts as follows: -01/18/26 had 7 CNAs for 103 residents on the day shift, required at least 13 CNAs. -01/19/26 had 10 CNAs for 103 residents on the day shift, required at least 13 CNAs. -01/19/26 had 6 total staff for 103 residents on the overnight shift, required at least 7 total staff. -01/20/26 had 10 CNAs for 103 residents on the day shift, required at least 13 CNAs. -01/21/26 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs. -01/22/26 had 10 CNAs for 106 residents on the day shift, required at least 13 CNAs. -01/22/26 had 7 total staff for 106 residents on the overnight shift, required at least 8 total staff. -01/23/26 had 11 CNAs for 106 residents on the day shift, required at least 13 CNAs. -01/23/26 had 6 total staff for 106 residents on the overnight shift, required at least 8 total staff. -01/24/26 had 11 CNAs for 106 residents on the day shift, required at least 13 CNAs. -01/24/26 had 7 total staff for 106 residents on the overnight shift, required at least 8 total staff. -01/25/26 had 4 CNAs for 108 residents on the day shift, required at least 13 CNAs.	S0560	Continued from page 1 How will the corrective action(s) be monitored to ensure the deficient practice will not recur? Caring Partners to complete audit with residents 3 times weekly times 3 months ensuring residents have no concerns with staffing, if concerns expressed these will be immediately shared with Nursing Home Administrator. This plan of correction will be monitored at the monthly Quality Assurance meeting until such time substantial compliance has been met.	02/25/2026

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S0560	Continued from page 2 -01/25/26 had 9 total staff for 108 residents on the evening shift, required at least 11 total staff. -01/25/26 had 4 total staff for 108 residents on the overnight shift, required at least 8 total staff. -01/26/26 had 6 CNAs for 107 residents on the day shift, required at least 13 CNAs. -01/26/26 had 6 total staff for 107 residents on the overnight shift, required at least 8 total staff. -01/27/26 had 9 CNAs for 107 residents on the day shift, required at least 13 CNAs. -01/27/26 had 6 total staff for 107 residents on the overnight shift, required at least 8 total staff. -01/28/26 had 10 CNAs for 107 residents on the day shift, required at least 13 CNAs. -01/28/26 had 7 total staff for 107 residents on the overnight shift, required at least 8 total staff. -01/29/26 had 10 CNAs for 107 residents on the day shift, required at least 13 CNAs. -01/29/26 had 7 total staff for 107 residents on the overnight shift, required at least 8 total staff. -01/30/26 had 12 CNAs for 110 residents on the day shift, required at least 14 CNAs. -01/30/26 had 7 total staff for 110 residents on the overnight shift, required at least 8 total staff. -01/31/26 had 12 CNAs for 110 residents on the day shift, required at least 14 CNAs. -01/31/26 had 4 total staff for 110 residents on the overnight shift, required at least 8 total staff.	S0560		02/25/2026
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:	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	02/25/2026

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S1680	Continued from page 3 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 Supplementary Nurse Staffing Report (AAS-12) from 01/18/2026 to 01/31/2026, the facility was deficient in required resident services on 9 of 14 days. This deficient practice was evidenced as follows: 0n 02/03/2026, the surveyor requested the AAS-12 to be completed for the 2 weeks of staffing prior to survey from 01/18/2026 to 01/31/2026. A review of the AAS-12 revealed the following: For the week of 01/18/2026; Required Staffing Hours: 275.5 -01/18/26 had 256 actual staffing hours, for a difference of -19.5 hours. -01/20/26 had 272 actual staffing hours, for a	S1680	Continued from page 3 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 will continue to review daily staffing needs with the Interdisciplinary Team in morning meetings. Facility continues to actively recruit for open Certified Nurse Assistant 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 3 times weekly times 3 months ensuring residents have no concerns with staffing, if concerns expressed these will be immediately shared with Nursing Home Administrator. This plan of correction will be monitored at the monthly Quality Assurance meeting until such time substantial compliance is met.	02/25/2026

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S1680	Continued from page 4 difference of -3.5 hours. -01/21/26 had 272 actual staffing hours, for a difference of -3.5 hours. For the week of 01/25/2026; Required Staffing Hours: 283.75 -01/25/26 had 176 actual staffing hours, for a difference of -107.75 hours. -01/26/26 had 232 actual staffing hours, for a difference of -51.75 hours. -01/27/26 had 264 actual staffing hours, for a difference of -19.75 hours. -01/28/26 had 264 actual staffing hours, for a difference of -19.75 hours. -01/29/26 had 280 actual staffing hours, for a difference of -3.75 hours. -01/31/26 had 264 actual staffing hours, for a difference of -19.75 hours.	S1680		02/25/2026

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 03/01/2026 in relation to the 02/03/2026 complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		03/02/2026

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

New Jersey Department of Health

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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
S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 03/01/2026 in relation to the 02/03/2026 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		03/02/2026

Office of Primary Care and Health Systems Management

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