STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315014	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIG OAK REHABILITATION AND HEALTHCARE CENTER	**849 BIG OAK ROAD , PITTSGROVE, New Jersey, 08318**

(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 #: NJ 2487408, 2582539, 2622963, 2623691 Survey Date: 10/24/25 Census: 75 Sample: 3 The NJDOH conducted a compliant survey on 10/23/25. The survey was officially completed on 10/23/25. The facility was in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities.	F0000		12/11/2025

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: 061704	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/11/2025

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BIG OAK REHABILITATION AND HEALTHCARE CENTER	849 BIG OAK ROAD , PITTSGROVE, New Jersey, 08318

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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		12/11/2025
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interviews and review of other facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios as mandated by the state of New Jersey. This was evident for 1. For the 2 weeks of staffing prior to survey from 10/5/25 to 10/18/25, the facility was deficient CNA staffing for residents on 14 of 14-day shifts, and 2. For the weeks of complaint staffing from 8/3/25 to 8/9/25 and 9/14/25-9/20/25, the facility was deficient in CNA staffing for residents on 7 of 14-day shifts. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on	S0560	Deficiency: S560 How the corrective action will be accomplished for those residents found to have been affected by the practice: Inadequate number of CNA's. No residents were negatively affected. How the facility will identify other residents having the potential to be affected by the deficient practice: The facility recognizes that all residents have the potential to be affected by this practice. What measures will be put into place or what systemic changes will be made to ensure that deficient practice will not recur: Initiated 10/27/25: The Administrator will review Staffing Coordinator in reference to the state guideline S560. /The Director of Human Resources will continue to post the vacancies on all 3 shifts. /The Director of Human Resources has scheduled an Open House for 1/7/26. /The Administrator will boost the rate when there is emergency staffing coverage. /The facility is contracted with multiple staffing agencies for temporary and permanent staffing assistance. Human Resources recruits from various local colleges and other schools with CNA programs by direct contact and attendance at Job Fairs. Employee Sign on Bonus Program	12/14/2025

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: 061704	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/11/2025

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BIG OAK REHABILITATION AND HEALTHCARE CENTER	849 BIG OAK ROAD , PITTSGROVE, New Jersey, 08318

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S0560	Continued from page 1 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 than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. · As per the Nurse Staffing Reports completed by the facility for the 2 weeks of AAS-11 staffing, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -10/05/25 had 6 CNAs for 75 residents on the day shift, required at least 9 CNAs. -10/06/25 had 8 CNAs for 75 residents on the day shift, required at least 9 CNAs. -10/07/25 had 8 CNAs for 75 residents on the day shift, required at least 9 CNAs. -10/08/25 had 8 CNAs for 75 residents on the day shift, required at least 9 CNAs. -10/09/25 had 7 CNAs for 75 residents on the day shift, required at least 9 CNAs. -10/10/25 had 7 CNAs for 75 residents on the day shift, required at least 9 CNAs. -10/11/25 had 8 CNAs for 75 residents on the day shift, required at least 9 CNAs. -10/12/25 had 6 CNAs for 75 residents on the day shift, required at least 9 CNAs. -10/13/25 had 8 CNAs for 75 residents on the day shift, required at least 9 CNAs.	S0560	Continued from page 1 was implemented. Regular meetings are held including the Administrator, Director of Nursing and Human Resources to review direct care staffing and develop strategies for recruitment and retention of direct care staff. Elite Staffing Agency to assist with recruiting staff. How the facility will monitor its corrective actions to ensure that the deficient practice will not recure, I.E., What quality assurance program will be put into. Initiated 10/27/25: The Staffing Coordinator will audit the staffing weekly for 4 weeks then monthly for 3 months. /The Staffing Coordinator will submit the audit report to the Quality Assurance Improvement Committee	

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S0560	Continued from page 2 -10/14/25 had 8 CNAs for 75 residents on the day shift, required at least 9 CNAs. -10/15/25 had 8 CNAs for 75 residents on the day shift, required at least 9 CNAs. -10/16/25 had 7 CNAs for 75 residents on the day shift, required at least 9 CNAs. -10/17/25 had 7 CNAs for 75 residents on the day shift, required at least 9 CNAs. -10/18/25 had 8 CNAs for 75 residents on the day shift, required at least 9 CNAs. 2. For the week of complaint staffing from 08/03/2025 to 08/09/2025, the facility was deficient in CNA staffing for residents on 3 of 7 day shifts as follows: -08/03/25 had 7 CNAs for 74 residents on the day shift, required at least 9 CNAs. -08/07/25 had 8 CNAs for 72 residents on the day shift, required at least 9 CNAs. -08/09/25 had 8 CNAs for 72 residents on the day shift, required at least 9 CNAs. For the week of Complaint staffing from 09/14/2025 to 09/20/2025, the facility was deficient in CNA staffing for residents on 4 of 7 day shifts as follows: -09/14/25 had 7 CNAs for 75 residents on the day shift, required at least 9 CNAs. -09/15/25 had 6 CNAs for 74 residents on the day shift, required at least 9 CNAs. -09/19/25 had 7 CNAs for 75 residents on the day shift, required at least 9 CNAs. -09/20/25 had 5 CNAs for 75 residents on the day shift, required at least 9 CNAs. Review of the facility policy titled, “Staffing, Sufficient and Competent Nursing,” under #8 states; Minimum staffing requirements imposed by the state, if applicable, are adhered to when determining staff ratios but are not necessarily considered a	S0560		

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S0560	Continued from page 3 determination of sufficient and competent staffing.	S0560		

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 12/17/2025 in relation to the 10/24/2025 State of New Jersey Re-Licensure survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities	S0000		12/17/2025

Office of Primary Care and Health Systems Management

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