| 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 11/14/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **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<br><br>COMPLAINT #: 2663232<br><br>CENSUS: 76<br><br>SAMPLE SIZE: 4<br><br>THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT. | F0000 | | 11/24/2025 |

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 |
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| 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 11/14/2025 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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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<br><br>COMPLAINT #: 2663232<br><br>CENSUS: 76<br><br>SAMPLE SIZE: 4<br><br>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 | | 11/24/2025 |
| S0560 | Mandatory Access to Care<br><br>CFR(s): 8:39-5.1(a)<br><br>The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Complaint #: 2663232<br><br>Based on review of facility documents on 11/14/2025, it was determined that the facility failed to ensure staffing ratios were met for the shifts reviewed as noted below. This deficient practice had the potential to affect all residents.<br><br>Findings include:<br><br>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 | S0560 | Deficiency: S560<br><br>How the corrective action will be accomplished for those residents found to have been affected by the practice:<br><br>Inadequate number of CNA's. No residents were negatively affected<br><br>How the facility will identify other residents having the potential to be affected by the deficient practice:<br><br>The facility recognizes that all residents have the potential to be affected by this practice.<br><br>What measures will be put into place or what systemic changes will be made to ensure that deficient practice will not recur:<br><br>Initiated 11/15/25: 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 will schedule the Open House. /The Administrator will boost the rate when there is emergency staffing coverage. /The facility is | 11/24/2025 |



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| 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 11/14/2025 |
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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<br>02/01/2021:<br><br>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.<br><br>1. For the week of Complaint staffing from 09/28/2025 to 10/04/2025, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows:<br><br>On 09/29/25 had 7 CNAs for 75 residents on the day shift, required at least 9 CNAs.<br><br>On 09/30/25 had 8 CNAs for 75 residents on the day shift, required at least 9 CNAs.<br><br>On 10/01/25 had 8 CNAs for 75 residents on the day shift, required at least 9 CNAs.<br><br>On 10/02/25 had 8 CNAs for 75 residents on the day shift, required at least 9 CNAs.<br><br>On 10/03/25 had 8 CNAs for 75 residents on the day shift, required at least 9 CNAs.<br><br>On 10/04/25 had 7 CNAs for 75 residents on the day shift, required at least 9 CNAs.<br><br>2. For the 2 weeks of Complaint staffing from 10/19/2025 to 111/01/2025, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows:<br><br>On 10/19/25 had 7 CNAs for 77 residents on the day shift, required at least 10 CNAs.<br><br>On 10/20/25 had 7 CNAs for 77 residents on the day shift, required at least 10 CNAs.<br><br>On 10/21/25 had 8 CNAs for 76 residents on the day shift, required at least 9 CNAs.<br><br>On 10/22/25 had 8 CNAs for 76 residents on the day shift, required at least 9 CNAs.<br><br>On 10/23/25 had 8 CNAs for 75 residents on the day | S0560 | Continued from page 1<br>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 Referral Bonus Program 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.<br><br>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.<br><br>Initiated 11/15/25: 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<br>shift, required at least 9 CNAs.<br><br>On 10/24/25 had 8 CNAs for 73 residents on the day shift, required at least 9 CNAs.<br><br>On 10/25/25 had 7 CNAs for 73 residents on the day shift, required at least 9 CNAs.<br><br>On 10/26/25 had 6 CNAs for 73 residents on the day shift, required at least 9 CNAs.<br><br>On 10/27/25 had 8 CNAs for 73 residents on the day shift, required at least 9 CNAs.<br><br>On 10/28/25 had 7 CNAs for 75 residents on the day shift, required at least 9 CNAs.<br><br>On 10/29/25 had 8 CNAs for 75 residents on the day shift, required at least 9 CNAs.<br><br>On 10/31/25 had 8 CNAs for 75 residents on the day shift, required at least 9 CNAs.<br><br>On 11/01/25 had 8 CNAs for 75 residents on the day shift, required at least 9 CNAs. | S0560 | | |

| 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 12/15/2025 |
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| F0000 | INITIAL COMMENTS<br><br>An offsite/desk review of the facility's Plan of Correction was conducted on 12/15/2025 in relation to the 11/14/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. | 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.

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New Jersey State Department of Health

| 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 **12/15/2025** |
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| S0000 | Initial Comments<br><br>An offsite/desk review of the facility's Plan of Correction was conducted on 12/15/2025 in relation to the 11/14/2025 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 | | 12/15/2025 |

Office of Primary Care and Health Systems Management

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