

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315141		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 11/18/2025	
NAME OF PROVIDER OR SUPPLIER ABINGDON CARE & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 303 ROCK AVE , GREEN BROOK, New Jersey, 08812			
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F0000	INITIAL COMMENTS The NJDOH conducted a complaint survey on 9/26/25. The survey was officially completed on 9/26/25. Complaint #: 2621643 Sample Size: 7 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT SURVEY.		F0000			12/08/2025	
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 #NJ184191/394091 Based on, interviews, and record review, it was determined that the facility failed to administer medications according to the acceptable standards of nursing practice for 1 of 7 residents (Resident #5). This deficient practice was evidenced by the following: 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		F0658	LPN #2 and rest of nursing team were immediately re-educated By the Assistant Director of nursing on proper medication administration procedure and LPN#2 was disciplined. Resident #5 had [REDACTED] and [REDACTED] and took all due meds. residents who were assigned to nurse LPN#2 had the potential to be affected. A medication administration competency was completed with LPN#2 by Assistant Director of nursing Beginning 9/17/25, the director of Nursing/designee will conduct two medication administration competencies at random with the nursing staff weekly for four weeks then monthly for 2 months. All findings will be reported to the quality assurance and performance improvement committee meetings		12/08/2025	

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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F0658 SS = D	Continued from page 1 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. According to the facility Admission Record, Resident #5 was admitted to the facility with diagnoses which included: NJ Exec Order 26.4b1 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated [REDACTED], indicated that the resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of 15, which indicated an [REDACTED]. On 09/26/25 at 09:10 A.M., the surveyor interviewed the [REDACTED], who stated that his medication process consisted of verifying that he had the correct resident, then checking the order, and then signing out his medications for residents one by one. When questioned regarding if medications should be left at bedside, the [REDACTED] stated that it was a "no-no" to leave medications at bedside because the nurses would not know if the resident took their medications. The [REDACTED] further stated that nurses should stay with residents until the nurse could make sure the residents have taken their medications. On 09/26/25 at 10:43 A.M., the surveyor interviewed the [REDACTED] who stated that she expected her staff to go into a resident's room, introduce themselves, verify they have the correct resident, and to check the medication orders. The [REDACTED] further stated that she expected her nursing staff to inform and educate the residents on the medications being administered and that the nurse administering the medication should stay with the resident to make sure they swallow their medication. The [REDACTED] also stated that meds should never be left at bedside, under no circumstances.		F0658				

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F0658 SS = D	Continued from page 2 On 09/26/25 at 11:44 A.M., the surveyor interviewed the US FOIA (b)(6)) and US FOIA (b)(6) together and they confirmed that LPN #2 left Resident #5's medication at bedside on NJ Exec Order 26. On 09/26/25 at 12:04 P.M., the surveyor interviewed LPN #2 who was the LPN who had left medications at bedside via phone call. LPN #2 stated she left medications at bedside on NJ Exec Order 26 while she was looking for Resident #5's NJ Exec Order 26. She stated that the US FOIA (b)(6) notified her that she had left medications unattended at bedside and educated her that medications should never be left at bedside. A review of the facility's policy titled "Administering Medications", revealed under "Policy Statement", "Medications shall be administered in a safe and timely manner, and as prescribed." NJAC 8:39-29.2(d)		F0658				

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S0000	Initial Comments 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			12/12/2025	
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: Complaint #: 2621643 Based on review of facility documents on, it was determined that the facility failed to ensure staffing ratios were met for 9 of 14-day 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 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		S0560	The staffing coordinator was re-educated by the administrator on new jersey staffing mandated ratios. No residents had any ill effects due to this deficient practice All residents have the potential to be affected by this deficient practice. Rates increased Sign on with new agencies Offer agency staff bonuses Offer our staff bonuses Job Fair Posting new ads around town and via social media Referral bonuses for our staff		12/08/2025	

Office of Primary Care and Health Systems Management

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S0560	Continued from page 1 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 week of Complaint staffing from 09/07/2025 to 09/20/2025, the facility was deficient in CNA staffing for residents on 9 of 14 day shifts as follows: -09/07/25 had 12 CNAs for 109 residents on the day shift, required at least 14 CNAs. -09/08/25 had 12 CNAs for 109 residents on the day shift, required at least 14 CNAs. -09/11/25 had 12 CNAs for 108 residents on the day shift, required at least 13 CNAs. -09/14/25 had 11 CNAs for 105 residents on the day shift, required at least 13 CNAs. -09/15/25 had 11 CNAs for 105 residents on the day shift, required at least 13 CNAs. -09/16/25 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs. -09/17/25 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs. -09/18/25 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs. -09/20/25 had 11 CNAs for 105 residents on the day shift, required at least 13 CNAs.		S0560	Continued from page 1 Referral bonuses for community Sign on bonus Utilizing temporary nursing assistants The director of nursing, Administrator and Director of Human resources or designee will meet weekly to review direct care staffing and develop strategies The director of nursing / administrator or designee to have daily meetings with staffing coordinator for 4 weeks then monthly for 2 months to review schedule to monitor staff to residents ratios . The DON/designee will report the findings to the Quality assurance and performance improvement meetings.			

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/9/25 in relation to the 9/26/25 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.		F0000			12/09/2025	

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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