

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 02/12/2026	
NAME OF PROVIDER OR SUPPLIER ABINGDON CARE & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 303 ROCK AVE , GREEN BROOK, New Jersey, 08812			
(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 #: 2743086, 2723631, 2705958, 2706516, 2703891 CENSUS: 131 SAMPLE SIZE: 5 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 VISIT.	F0000				03/09/2026	
F0850 SS = SQC-F	Qualifications of Social Worker >120 Beds CFR(s): 483.70(o)(1)(2) §483.70(o) Social worker. Any facility with more than 120 beds must employ a qualified social worker on a full-time basis. A qualified social worker is: §483.70(o)(1) An individual with a minimum of a bachelor's degree in social work or a bachelor's degree in a human services field including, but not limited to, sociology, gerontology, special education, rehabilitation counseling, and psychology; and §483.70(o)(2) One year of supervised social work experience in a health care setting working directly with individuals. This REQUIREMENT is NOT MET as evidenced by: Complaints: 2706516, 2743086 Based on interview and review of facility documentation, it was determined that the facility failed to employ a full-time U.S. FOIA (b)(6) from	F0850	A full-time U.S. FOIA (b)(6) was hired with a start date of [REDACTED] A temporary U.S. FOIA (b)(6) was also hired, with a start date of [REDACTED] and works an average of [REDACTED] hours per week. No residents had any [REDACTED] All residents have the potential to be affected Director of nursing/designee will interview 2 residents a week for one month then monthly for 2 months to ensure all social service needs are being met. All findings will be reported to the quality assurance and performance And performance committee			03/19/2026	

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
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F0850 SS = SQC-F	Continued from page 1 NJ Exec Order 26.4b1 until NJ Exec Order 26.4b1. This deficient practice had the potential to affect all residents and was evidenced by the following: On 02/11/2026 at 10:05 AM, a survey entrance conference was conducted with the U.S. FOIA (b)(6) who stated that the facility did not have a full-time U.S. FOIA (b)(6)) and the facility's part-time U.S. FOIA left approximately two weeks prior. On 02/12/2026 at 9:34 AM, an interview was conducted with the U.S. FOIA (b)(6) who stated the facility had no full-time U.S. FOIA for the last five months. The U.S. FOIA stated after the full-time U.S. FOIA left, a part-time or per diem (as needed) U.S. FOIA worked up to NJ Exec Order 26.4b1 per week but they left two weeks ago. On 02/12/2026 at 12:17 PM, an interview was conducted with the U.S. FOIA (b)(6). The U.S. FOIA (b)(6) reviewed a Director of Social Work job posting dated NJ Exec Order 26.4b1 with the Surveyor and stated that it was around that time that the facility lost their full-time U.S. FOIA. The U.S. FOIA further stated that the facility should have a full-time U.S. FOIA to meet the residents' needs. Review of facility provided timecards for U.S. FOIA revealed that they worked as follows: For the NJ Exec Order 26.4b1 - NJ Exec Order 26.4b1 pay period: NJ Exec Order 26.4b1 hours For the NJ Exec Order 26.4b1 - NJ Exec Order 26.4b1 pay period: NJ Exec Order 26.4b1 hours For the NJ Exec Order 26.4b1 - NJ Exec Order 26.4b1 pay period: NJ Exec Order 26.4b1 hours For the NJ Exec Order 26.4b1 - NJ Exec Order 26.4b1 pay period: NJ Exec Order 26.4b1 hours For the NJ Exec Order 26.4b1 - NJ Exec Order 26.4b1 pay period: NJ Exec Order 26.4b1 hours The facility was on record as being licensed for 180 beds. The CMS guidelines implemented 11/28/17, included but were not limited to a qualified U.S. FOIA full-time for a facility with over 120 beds.	F0850		03/19/2026

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F0850 SS = SQC-F	Continued from page 2 A review of the facility's [U.S. FOIA (b)(6)] job description revealed "The primary purpose of your job position is to assist in the planning, organization, and developing of the Social Services Department in accordance with current federal, state, and local standards, guidelines and regulations, our established policies and procedures, and as may be directed by the [U.S. FOIA (b)(6)], to assure that the medically related emotional and social needs of the resident are met/maintained on an individual basis." N.J.A.C. 8:39-39.3(a); 39.2	F0850		03/19/2026
F0745 SS = E	Provision of Medically Related Social Service CFR(s): 483.40(d) §483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This REQUIREMENT is NOT MET as evidenced by: Complaints: 2706516, 2743086 Based on interviews, review of the medical records, and review of other pertinent facility documentation on 02/11/2026 and 02/12/2026, it was determined that the facility failed to provide for the medically related social service needs for residents who required assistance with obtaining needed services from outside entities; or who should have received [NJ Exec Order 26.4b1] after an [NJ Exec Order 26.4b1] of [NJ Exec Order 26.4b1] to [NJ Exec Order 26.4b1] This deficient practice was identified for 3 of 3 residents (Resident #3, Resident #4, and Resident #5) reviewed and was evidenced by the following: A review of the Resident Council Minutes dated [NJ Ex Order 26.4(b)(1)] revealed that residents inquired about when the facility would have a [U.S. FOIA (b)(6)] A review of the Resident Council Minutes dated [NJ Ex Order 26.4(b)(1)] revealed that SW #1 was in the facility a few days a week and that that the [U.S. FOIA (b)(6)] [U.S. FOIA (b)(6)], [U.S. FOIA (b)(6)] and [U.S. FOIA (b)(6)] could "help out" if residents needed anything. 1. According to the Admission Record (AR), Resident	F0745	A full-time [U.S. FOIA (b)(6)] was hired with a start date of [NJ Exec Order 26.4b1]. A temporary [U.S. FOIA (b)(6)] was also hired, with a start date of [NJ Exec Order 26.4b1] and works an average of [NJ Exec Order 26.4b1] hours per week. Resident #3, Resident #4 and Resident #5 all had no [NJ Exec Order 26.4b1] as all needs were met. All residents have the potential to be affected The [U.S. FOIA (b)(6)] and nursing management were in serviced by the [U.S. FOIA (b)(6)] on whenever an allegation of abuse incident occurs, [U.S. FOIA (b)(6)] or designee must be sent to the resident to offer emotional support The Director of nursing/designee will conduct audits of all allegations of abuse incidents weekly for four weeks and then monthly for 2 months to ensure resident was offered emotional support by social worker/designee. The Director of Nursing or designee will conduct audits of residents with planned discharges or transfer requests weekly for four weeks and then monthly for 2 months to ensure that all their discharge needs have been properly met. All findings will be reported to the quality assurance and performance	03/19/2026

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F0745 SS = E	Continued from page 3 #3 was admitted to the facility with diagnoses including but not limited to: [REDACTED] NJ Exec Order 26.4b1, [REDACTED] and NJ Exec Order 26.4b1, [REDACTED] NJ Exec Order 26.4b1, without NJ Exec Order 26.4b1, [REDACTED] NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, and [REDACTED] NJ Exec Order [REDACTED]. Review of the Quarterly Minimum Data Set (MDS), an assessment tool dated [REDACTED] NJ Exec Order 26.4b1, revealed that Resident #3 had a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of 15, which indicated that the resident had [REDACTED] NJ Exec Order 26.4b1. Further review of the MDS revealed that Resident #3 was [REDACTED] on a helper to [REDACTED] NJ Exec Order 26.4b1 to [REDACTED] NJ Exec Order 26.4b1, and to [REDACTED] NJ Exec Order 26.4b1. The Progress Notes (PNs) for Resident #3 were reviewed. A PN dated [REDACTED] NJ Exec Order 26.4b1 at 10:59 AM, revealed that Resident #3 [REDACTED] NJ Exec Order 26.4b1 of [REDACTED] NJ Exec Order 26.4b1 and asked to be [REDACTED] NJ Exec Order 26.4b1 by facility staff. Review of an untitled and undated facility document revealed that an [REDACTED] U.S. FOIA (b)(6) [REDACTED] reported that Certified Nursing Assistant (CNA) #1 was [REDACTED] NJ Exec Order 26.4b1 with Resident #3 during the [REDACTED] NJ Exec Order 26.4b1. The facility document revealed that CNA #1 was immediately [REDACTED] NJ Exec Order 26.4b1 pending an investigation, and the resident was evaluated by [REDACTED] NJ Exec Order 26.4b1 Management. The "Interventions," section of the document did not reveal that a member of the Social Services (SS) Department monitored the resident's status in response to the incident and investigation. 2. Review of a facility "Grievance Report," with a filed date of [REDACTED] NJ Exec Order 26.4b1 revealed that Resident #5 [REDACTED] NJ Exec Order 26.4b1 assistance with [REDACTED] NJ Exec Order 26.4b1. The document further revealed that the [REDACTED] NJ Exec Order 26.4b1 met with the resident and provided information on how to [REDACTED] NJ Exec Order 26.4b1 and contact information for [REDACTED] NJ Exec Order 26.4b1 programs. According to the AR, Resident #5 was admitted to the facility with diagnoses including but not limited to: [REDACTED] NJ Exec Order 26.4b1 with [REDACTED] NJ Exec Order 26.4b1 [REDACTED] : need for [REDACTED] NJ Exec Order 26.4b1 [REDACTED]	F0745	03/19/2026

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F0745 SS = E	Continued from page 4 NJ Exec Order 26.4b1 A review of the Quarterly MDS dated NJ Exec Order 26.4b1 revealed that Resident #5 had a BIMS score of NJ Ex out of 15, which indicated that the resident's NJ Exec Order 26.4b1. Further review of the MDS revealed that Resident #5 NJ Exec Order 26.4b1 to someone about NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 services in the NJ Exec Order 26.4b1. The PNs for Resident #5 were reviewed and revealed the following Social Services notes: A PN dated NJ Exec Order 26.4b1 at 10:25 AM, revealed that the resident was admitted and had no physician or pharmacy in the NJ Exec Order 26.4b1. A PN dated NJ Exec Order 26.4b1 at 2:18 PM, revealed that the resident was presented with a NJ Exec Order 26.4b1. A PN dated NJ Exec Order 26.4b1 at 10:38 PM, written by the U.S. FOIA (b) revealed that the U.S. FOIA (b) spoke to a NJ Exec Or r of Resident #5 who stated that they would take care of NJ Exec Order 26.4b1 Resident #5 and were waiting to hear from other facilities. No additional SS related PNs were provided. An interview was conducted with Resident #5 on 02/12/2026 at 10:05 AM. Resident #5 stated that they had been requesting assistance from a U.S. FO to NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 since NJ Exec Order 26.4b1. Resident #5 stated that they NJ Exec briefly with a U.S. FO from NJ Exec Order 26.4b1 who provided incorrect contact information for NJ Exec Order 26.4b1 resources. The resident stated that the NJ Exec Or also provided forms, but the resident was NJ Exec Order 26.4b1 the forms due to their NJ Exec Order 26.4b1. The resident stated that they were NJ Exec Order 26.4b1 having other facility staff help fill out the forms with their NJ Exec Order 26.4b1. The resident further stated, NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 it." 3. On 02/12/2026 at 10:35 AM, the surveyor observed Resident #4 in their room with a NJ Exec Or their NJ Exec Order 26.4b1. Resident #4	F0745		03/19/2026

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	Continued from page 5 and their [REDACTED] confirmed that the resident had been discharged. An interview was conducted with Resident #4 and their [REDACTED] on 02/12/2026 at 10:35 AM. Resident #4 stated that the facility's discharge process was [REDACTED] and that they could [REDACTED] to the proper people for arranging their discharge. The resident's [REDACTED] stated that there had not been a meeting with family or any discussion with a [REDACTED] about the resident's discharge. The resident's [REDACTED] further stated that they and another [REDACTED] had to do most of the arrangements needed for Resident #4's discharge. According to the AR, Resident #4 was admitted to the facility with diagnoses including but not limited to: NJ Exec Order 26.4b1 [REDACTED] not elsewhere classified; NJ Exec Order 26.4b1; and [REDACTED] A review of the Quarterly MDS dated [REDACTED] revealed that Resident #4 had a BIMS score of [REDACTED] out of 15, which indicated that the resident's [REDACTED]. Further review of the MDS revealed that Resident #4's [REDACTED] was to be discharged to the [REDACTED]; and that active discharge planning was occurring for the [REDACTED] to the [REDACTED] No [REDACTED] PNs related the resident's discharge or discharge planning were provided. Entrance conference was conducted with the [REDACTED] on 02/11/2026 at 10:05 AM. The [REDACTED] informed the surveyor that the facility did not currently have a [REDACTED] and that the part time [REDACTED] had left approximately two weeks prior. A follow up interview was conducted with the [REDACTED] on 02/12/2026 12:17 PM. The [REDACTED] stated that the facility should have a full time [REDACTED] to meet the residents' needs, and that a [REDACTED] should be part of the interdisciplinary team and care planning for the residents.			

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F0745 SS = E	Continued from page 6 The [U.S. FOIA (b)(6)] confirmed that Resident #3 was [U.S. FOIA (b)(6)] by [U.S. FOIA (b)(6)] alter the [U.S. FOIA (b)(6)] involving them. The [U.S. FOIA (b)(6)] stated that Unit Manager #1 assisted with connecting Resident #4 with [U.S. FOIA (b)(6)] resources for discharge. The [U.S. FOIA (b)(6)] stated that a [U.S. FOIA (b)(6)] would normally assist residents with these issues. The [U.S. FOIA (b)(6)] stated that he spoke with Resident #5's [U.S. FOIA (b)(6)] about finding other [U.S. FOIA (b)(6)] for the resident. The [U.S. FOIA (b)(6)] stated that a [U.S. FOIA (b)(6)] would normally assist residents with these issues. Review of the undated facility policy titled, "ABUSE PREVENTION PROGRAM" revealed under, "POLICY INTERPRETATION AND IMPLEMENTATION," that when information concerning a report of abuse was received, the LNHA or their designee will request that a representative from the SS department monitors the resident's psychosocial status in response to the incident and investigation. A review of the facility's undated Social Worker job description revealed "The primary purpose of your job position is to assist in the planning, organization, and developing of the Social Services Department in accordance with current federal, state, and local standards, guidelines and regulations, our established policies and procedures, and as may be directed by the Administrator, to assure that the medically related emotional and social needs of the resident are met/maintained on an individual basis." Under, "Duties and Responsibilities," the job description revealed "... Refer resident/families to appropriate social service agencies when the facility does not provide the services or needs of the resident. [...] Assure that social service progress notes are informative and descriptive of the services provided and the resident's response to the service. [...] Participate in regularly scheduled reviews of resident discharge plans." NJAC 8:39-39.4(b)(f)(h)	F0745		03/19/2026	
F0657 SS = D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the	F0657	The [U.S. FOIA (b)(6)] and Nursing Management were in-serviced by the Chief Clinical Officer on ensuring that the care plans of residents involved in allegations of abuse are updated with appropriate interventions. Resident #3 had no [U.S. FOIA (b)(6)] All residents who are involved in any abuse allegation have the potential to be affected	03/19/2026	

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F0657 SS = D	Continued from page 7 comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is NOT MET as evidenced by: Complaint #: 2723631 Based on interviews, medical record reviews, and review of other pertinent facility documentation on 02/11/2026, it was determined that the facility failed to update the care plan (CP) with clear focus, goals, and interventions for a resident (Resident #3) involved in a NJ Exec Order 26.4b1 NJ Ex Order 26.4(b)(1). This deficient practice was identified for 1 of 4 residents reviewed for care plans and was evidenced by the following: According to the Admission Record (AR), Resident #3 was admitted to the facility with diagnoses including but not limited to: NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.	F0657	Continued from page 7 Audit of all abuse allegations for the past 30 days were done with no care plan concerns Director of nursing/designee will conduct audits of all allegations of abuse incidents weekly for four weeks and then monthly for 2 months to ensure residents care plans are updated with the appropriate interventions. All findings will be reported to the quality assurance and performance improvement committee meetings.	03/19/2026

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F0657 SS = D	Continued from page 8 Review of the Quarterly Minimum Data Set (MDS), an assessment tool dated [REDACTED] revealed that Resident #3 had a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of 15, which indicated that the resident had [REDACTED]. Further review of the MDS revealed that Resident #3 was [REDACTED] on a helper to move from [REDACTED] and to [REDACTED]. The Progress Notes (PNs) for Resident #3 were reviewed. A PN dated [REDACTED] at 10:59 AM, revealed that Resident #3 [REDACTED] of [REDACTED] and asked to be [REDACTED] by facility staff. The PN revealed that facility staff [REDACTED] the resident to their bed. Review of an untitled and undated facility document revealed that an [REDACTED] U.S. FOIA (b)(6) reported that Certified Nursing Assistant (CNA) #1 was [REDACTED] with Resident #3 during the [REDACTED] and the resident was saying, [REDACTED] while the [REDACTED] was [REDACTED]. The facility document revealed that CNA #1 was immediately [REDACTED] pending an investigation. The document further revealed that the [REDACTED] of [REDACTED] was unsubstantiated. A review of Resident #3's CP revealed a focus of "Documented Resident/Representative Concerns Documented Resident/ Rep. Concerns" the focus was initiated on [REDACTED] Interventions/Tasks related to this focus included that the nurse would identify area of concern; Nurse would notify appropriate department leaders of concerns per facility protocol; and that the nurse would notify [REDACTED] of the concern and the possible need for a care conference. An interview was conducted with Unit Manager #1 on 02/11/2026 at 12:30 PM. UM #1 stated that after an [REDACTED] the CP of the resident involved [REDACTED] should be updated so staff could know that [REDACTED] were made and know what to do. UM #1 stated that typically he or the [REDACTED] U.S. FOIA (b)(6) were responsible for updating resident CPs. On 02/11/2026 at 3:18 PM, the surveyor interviewed the [REDACTED] U.S. FOIA (b)(6), who stated that the [REDACTED] update to Resident #3's CP did not meet her expectations for a CP update after a resident was [REDACTED] in a [REDACTED]. The [REDACTED] U.S. FOIA (b)(6) stated that the CP update was [REDACTED].	F0657		03/19/2026

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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 02/12/2026	
NAME OF PROVIDER OR SUPPLIER ABINGDON CARE & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 303 ROCK AVE , GREEN BROOK, New Jersey, 08812			
(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
F0657 SS = D	Continued from page 9 not acceptable because the issue being addressed was not clear. Review of the facility's undated policy titled "Care Plans" revealed under "POLICY STATEMENT", "An individualized care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident." Under "POLICY INTERPRETATION AND IMPLEMENTATION", "4. Care plans are revised as changes in the resident's condition may dictate." NJAC 8:39-11.2 (e)(2)			F0657			03/19/2026

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061805		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/12/2026	
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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S0000	Initial Comments COMPLAINT #: 2743086, 2723631, 2705958, 2706516, 2703891 CENSUS: 131 SAMPLE SIZE: 5 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			03/09/2026	
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: Complaints: 2743086, 2723631, 2705958, 2706516, 2703891 Based on review of facility documents on 03/13/2024, it was determined that the facility failed to ensure staffing ratios were met for 12 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,		S0560	The staffing coordinator was re-educated by the administrator on new jersey staffing mandated ratios. No residents had any ill effects All residents have the potential to be affected Rates increased Sign on with new agencies Offer agency staff bonuses Offer our staff bonuses Monthly Job fairs held Posting new ads around town and via social media		03/19/2026	

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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New Jersey Department of Health

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S0560	Continued from page 1 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 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 staffing prior to survey from 1/25/26-2/7/26, the facility was deficient in CNA staffing for residents 12 of 14 day shifts, and deficient in total staffing for residents 1 of 14 overnight shifts as follows: On 1/25/26 had 11 CNAs for 122 residents on the day shift, required at least 15 CNAs. On 1/25/26 had 7 total staff for 122 residents on the overnight shift, required at least 9 total staff. On 1/26/26 had 11 CNAs for 122 residents on the day shift, required at least 15 CNAs. On 1/27/26 had 12 CNAs for 122 residents on the day shift, required at least 15 CNAs. On 1/28/26 had 14 CNAs for 122 residents on the day shift, required at least 15 CNAs. On 1/30/26 had 14 CNAs for 124 residents on the day shift, required at least 15 CNAs. On 1/31/26 had 13 CNAs for 124 residents on the day shift, required at least 15 CNAs. On 2/1/26 had 11 CNAs for 125 residents on the day shift, required at least 16 CNAs. On 2/2/26 had 13 CNAs for 125 resident son the day shift, required at least 16 CNAs. On 2/3/26 had 14 CNAs for 125 residents on the day shift, required at least 16 CNAs.			S0560	Continued from page 1 Referral bonuses for our staff Referral bonuses for community Sign on bonus Utilizing temporary nursing assistants The Administrator/HR director or designee will conduct biweekly meetings with the recruiting team to develop and implement strategic recruitment plans and monitor progress to ensure staffing needs are met. 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 . All findings will be reported to the quality assurance and performance improvement committee meetings.		03/19/2026

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S0560	Continued from page 2 On 2/4/26 had 14 CNAs for 125 residents on the day shift, required at least 16 CNAs. On 2/5/26 had 15 CNAs for 125 residents on the day shift, required at least 16 CNAs. On 2/7/26 had 13 CNAs for 125 residents on the day shift, required at least 16 CNAs.	S0560				03/19/2026	
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: 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:	S1680	The staffing coordinator was re-educated by the administrator on new jersey staffing mandated ratios. No residents had any ill effects All residents have the potential to be affected Rates increased Sign on with new agencies Offer agency staff bonuses Offer our staff bonuses Monthly Job fairs held Posting new ads around town and via social media Referral bonuses for our staff Referral bonuses for community Sign on bonus The Administrator/HR director or designee will conduct biweekly meetings with the recruiting team to develop and implement strategic recruitment plans and monitor progress to ensure staffing needs are met. 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			03/19/2026	

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S1680	Continued from page 3 Complaints: 2743086, 2723631, 2705958, 2706516, 2703891 Based on review of the Nurse Staffing Reports for the weeks of 01/25/2026 and 02/07/2026, it was determined that the facility failed to provide at least minimum staffing levels for 2 of 14 days. The required staffing hours and actual staffing hours are as follows: On 01/25/2026 had 280 total nursing hours, required at least 327.50 hours for a deficiency of 47.50 hours. On 02/01/2026 had 328 total nursing hours, required at least 340.25 hours for a deficiency of 12.25 hours.			S1680	Continued from page 3 to monitor staff to residents ratios . All findings will be reported to the quality assurance and performance improvement committee meetings.		03/19/2026

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 03/31/2026 in relation to the 02/12/2026 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.

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 03/31/2026 in relation to the 02/12/2026 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			

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