STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315352	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Axia Care Center of Orange	**135 SOUTH CENTER STREET , ORANGE, New Jersey, 07050**

(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 Federal Initial Comments (FOO) COMPLAINT #: 2641999, 2562115 SAMPLE SIZE: 4 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. The NJDOH conducted a Complaint survey on 10/23/25. The survey was officially completed on 10/23/25.	F0000		01/21/2026
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: 2641999, 2562115 Based on interview and record review and review of other pertinent facility documents on 10/23/25, it was determined that the facility failed to ensure that the nursing services were provided and documented consistently on the Treatment Administration Record (TAR) in accordance with professional standards of practice. This deficient practice was identified for 2 of 3 residents reviewed for standards of practice (Resident #1, Resident #2). The evidenced was as follows: Reference: "The practice of nursing as a Licensed Practical Nurse is defined as performing tasks, and	F0658	Resident #1 and resident # 2 were no longer at the facility at the time the deficient practice was identified. All residents have the potential to be affected by this deficient practice. Facility Nursing Administration completed a facility wide audit of all ordered treatments and preventative interventions requiring TAR documentation. Any identified documentation gaps were addressed immediately. The Assistant Director of Nurses or designee shall reeducate all licensed nursing staff re proper TAR documentation and completion. This education will be initiated on or before 1/15/26. The facility Director of Nurses or designee shall sample audit 5 TAR's weekly for 4 weeks and then 5 TAR's monthly for two months to ensure compliance. All findings will be reported quarterly to the QAA/QAPI Committee. The QAA/QAPI Committee shall evaluate to determine continuing frequency of audits.	01/21/2026

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: 315352	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/23/2025

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F0658 SS = D	Continued from page 1 responsibilities within the framework of case finding, reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a Registered Nurse, or otherwise legally authorized Physician or Dentist." 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 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. A review of the Admission Record (AR) revealed that Resident #1 was admitted to the facility with diagnoses that included but were not limited to NJ Exec Order 26.4b1 [redacted] A review Resident #1's comprehensive Minimum Data Set (MDS) dated [redacted], an assessment tool revealed that the resident had a Brief Interview Mental Status (BIMS) score of [redacted] out of 15, indicating that the resident's NJ Exec Order 26.4b1 . A Review of the [redacted] TAR revealed blanks for the following treatments: NJ Exec Order 26.4b1 [redacted] apply to NJ Exec Order 26.4b1 every shift for NJ Exec Order 26.4b1 , NJ Exec Order 26.4b1 [redacted] , [redacted] and NJ Exec Order 26.4b1 was blank on [redacted] on the 7:00 AM	F0658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315352	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/23/2025

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F0658 SS = D	Continued from page 2 shift and was blank on [NJ Exec Order] on the 3:00 PM shift. [NJ Exec Order 26.4b1] Apply to [NJ Exec Order 26.4b1] every shift for [NJ Exec Order 26.4b1] was blank on [NJ Exec Order] on the 7:00 AM shift and was blank on [NJ Exec Order] on the 3:00 PM shift. [NJ Exec Order] and [NJ Exec Order 26.4b1] every 2 hours, every shift was blank on [NJ Exec Order] on the 7:00 AM shift, and on [NJ Exec Order] on the 3:00 PM shift. A Review of Resident #1's TAR revealed blanks for the following: [NJ Exec Order 26.4b1] apply to [NJ Exec Order 26.4b1] every shift for [NJ Exec Order 26.4b1], [NJ Exec Order 26.4b1] was blank on [NJ Exec Order] on the 7:00 AM shift. [NJ Exec Order 26.4b1] every shift check [NJ Exec Order 26.4b1] was blank on [NJ Exec Order] on the 7:00 AM shift. [NJ Exec Order 26.4b1] when in bed every shift, check [NJ Exec Order 26.4b1] was blank on [NJ Exec Order 26.4b1] on the 7:00 AM shift. [NJ Exec Order 26.4b1] every shift for [NJ Exec Order 26.4b1], was blank on [NJ Exec Order 26.4b1] on the 7:00 AM shift. [NJ Exec Order] and [NJ Exec Order 26.4b1] every 2 hours every shift was blank on [NJ Exec Order] on the 7:00 AM shift. [NJ Exec Order 26.4b1] and [NJ] [NJ Exec Order 26.4b1] every shift for [NJ Exec Order 26.4b1] was blank on [NJ Exec Order] on the 7:00 AM shift. [NJ Exec Order 26.4b1] every shift for [NJ Exec Order 26.4b1] was blank on [NJ Exec Order 26.4b1] on the 7:00 AM shift.	F0658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315352	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/23/2025

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F0658 SS = D	Continued from page 3 A Review of the NJ Exec Order 26.4b1 TAR revealed blanks for the following treatments: NJ Exec Order 26.4b1 every day shift for NJ Exec Order 26.4b1 for 30 days NJ Exec Order 2 with NJ Exec Order 26.4b1 was blank on NJ Exec Order on the 7:00AM shift, and on NJ Exec Order on the 7:00 AM shift. NJ Exec Order 26.4b1 every shift for NJ Exec Order 26.4b1, and NJ Exec care was blank on NJ Exec Order on the 7:00 AM. NJ Exec Order 26.4b1 every shift check NJ Exec Order 26.4 was blank on NJ Exec Order 2 on the 11:00 PM shift. NJ Exec Order 26.4b1 when in bed every shift check NJ Exec Order 26.4b was blank on NJ Exec Order 2 on the 7:00 AM shift. NJ Exec Order 26.4b1 every shift for NJ Exec Order 2 was blank on NJ Exec Order on the 7:00 AM shift. NJ Exec Order 26.4b1 every shift check function was blank on NJ Exec Orde on the 3:00 PM shift. NJ Exec O and NJ Exec Order 26.4b every 2 hours every shift was blank on NJ Exec Order on the 7:00 AM shift. NJ Exec Order 26.4b1 every shift for NJ Exec Order 26.4b1 was blank on NJ Exec Order 2 on the 11:00 PM shift. 2. A review of the Admission Record (AR) revealed that Resident #2 was admitted to facility with diagnoses that included but were not limited to NJ Exec Order 26.4b1 A Review of the NJ Exec Order 26.4b TAR revealed blanks for the following treatments: NJ Exec O and NJ Exec Order 26.4b every 2 hours every shift was blank	F0658		

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F0658 SS = D	Continued from page 4 on [NJ Exec Order 26.4b] the 7:00 AM shift. A Review of the [NJ Exec Order 26.4] TAR revealed blanks for the following treatments: [NJ Exec O] and [NJ Exec Order 26.4b] every 2 hours every shift was blank on [NJ Exec Order 26] on the 7:00 AM shift. On 10/23/25 at 10:54 AM the surveyor interviewed the [US FOIA (b)(6)] who stated that nurses documented on the TAR each shift. The [US FO] further stated that the residents were [NJ Exec Orde] and [NJ Exec Order 26.4b] On 10/23/25 at 2:33 PM, an interview was conducted with the [US FOIA (b)(6)]) who stated that the nurses documented in the TAR after completing the resident's ordered treatment. The [US FOIA] further revealed that the nurses also documented in the nursing progress notes. A review of the facility's policy "Charting and Documentation Policy and Procedure" with a revision date of July 2021 revealed in the "Policy Interpretation and Implementation" revealed that "Documentation in the medical record will be objective, complete, and accurate." NJAC 8:39-3.2(a)(b)	F0658		
F0677 SS = D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is NOT MET as evidenced by: Based on interviews, medical record review, and review of pertinent facility documentation on 10/23/25, it was determined that the facility failed to consistently document [NJ Ex Order 26.4(b)(1)]) as being provided to residents for 2 of 4 residents reviewed for [NJ Ex Orde] (Resident #1, Resident #2). The findings were as followed:	F0677	Resident #1 and resident # 2 were no longer at the facility at the time the deficient practice was identified. All residents have the potential to be affected by this deficient practice. Facility Nursing Administration completed a facility wide audit of PCC ADL documentation. Any identified documentation gaps were addressed immediately. The facility Assistant Director of Nurses or designee shall reeducate all nursing staff regarding proper ADL documentation and completion. This education will be initiated on or before 1/15/26. The facility Director of Nurses or designee shall sample audit 5 residents weekly for 4 weeks and then 5 residents monthly for two months to ensure that ADL documentation is being completed timely and accurately	01/21/2026

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F0677 SS = D	Continued from page 5 A review of the Admission Record (AR) revealed that Resident #1 was admitted to the facility with diagnoses that included but were not limited to; NJ Exec Order 26.4b1 [redacted] A review Resident #1's comprehensive Minimum Data Set (MDS) an assessment tool date[redacted] that the resident had a Brief Interview Mental Status (BIMS) score of [redacted] out of 15, indicating that the resident's [redacted] was [redacted] A review of Resident #1's [redacted] "Documentation Survey Report v2," a form included blank spaces indicating that the task, were not completed as follows: NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 on the day shift. On NJ Exec Order 26.4b1 [redacted] on the evening shift. On NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 on the night shift. [redacted] and [redacted] every 2 hours on NJ Exec Order 26.4b1 [redacted] on the day shift. On NJ Exec Order 26.4b1 on the evening shift. On NJ Exec Order 26.4b1 [redacted] on the night shift. NJ Exec Order 26.4b1 [redacted] on the day shift. On NJ Exec Order 26.4b1 [redacted] on the evening shift. On NJ Exec Order 26.4b1 [redacted] on the night shift. NJ Exec Order 26.4b1 [redacted], on the day shift. On NJ Exec Order 26.4b1 [redacted] on the evening shift. On NJ Exec Order 26.4b1 [redacted] on the night shift. NJ Exec Order 26.4b1 [redacted] on the day shift. On NJ Exec Order 26.4b1 [redacted] on the evening shift. On NJ Exec Order 26.4b1 [redacted] on the night shift. NJ Exec Order 26.4b1 [redacted] on the	F0677	Continued from page 5 under the Point of Contact (POC) section in PCC. All findings will be reported quarterly to the QAA/QAPI Committee. The QAA/QAPI Committee shall evaluate to determine continuing frequency of audits.	

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F0677 SS = D	Continued from page 6 day shift. On NJ Exec Order 26.4b1 on the evening shift. On NJ Exec Order 26.4b1 on the night shift. A review of Resident #1's NJ Exec Order 26.4 "Documentation Survey Report v2," a form included blank spaces indicating that the task, were not completed as follows: NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 on the day shift. NJ Exec Order 26.4b1 on the evening shift. On NJ Exec Order 26.4b1 on the night shift. NJ Exec and NJ Exec Order every 2 hours on NJ Exec Order 26.4b1 on the night shift. On NJ Exec Order 26.4b1 on the evening shift. On NJ Exec Order 26.4b1 on the night shift. NJ Exec Order 26.4b1 on the day shift. On NJ Exec Order 26.4b1 on the evening shift. On NJ Exec Order 26.4b1 on the night shift. NJ Exec Order 26.4b1 on the day shift. On NJ Exec Order on the evening shift. On NJ Exec Order 26.4b1 on the night shift. NJ Exec Order 26.4b1 on the day shift. On NJ Exec Order 26.4b1 on the evening shift. On NJ Exec Order 26.4b1 on the night shift. NJ Exec Order 26.4b1 on the day shift. On NJ Exec Order 26.4b1 in the evening shift. On NJ Exec Order 26.4b1 on the night shift. Review of Resident #1's NJ Exec Order 26.4b1 "Documentation Survey Report v2," a form included blank spaces indicating that the task, were not completed as follows:	F0677		

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F0677 SS = D	Continued from page 7 NJ Exec Order 26.4b1 on the day shift, and NJ Exec Order on the evening shift. On NJ Exec Order 26.4b1 on the night shift. NJ Exec O and NJ Exec Order 26.4b every 2 hours on NJ Exec Order 26.4b1 on the day shift. On NJ Exec Order 26.4b1 on the evening shift. On NJ Exec Order 26.4b1 on the night shift. NJ Exec Order 26.4b1 and NJ Exec Order 2 on the day shift. On NJ Exec Order 26.4b1 on the evening shift. On NJ Exec Order 26.4b1 on the night shift. NJ Exec Order 26.4b1 on the day shift. On NJ Exec Order 26.4b1 on the evening shift. On NJ Exec Orde on the night shift. NJ Exec Order 26.4b1 on the day shift. On NJ Exec Order 26.4b1 on the evening shift. On NJ Exec Order 26.4b1 and NJ Exec Order on the night shift. NJ Exec Order 26.4b1 , and NJ Exec Order on the day shift. On NJ Exec Order 26.4b1 on the evening shift. On NJ Exec Order 26.4b1 on the night shift. On 10/23/25 at 10:17 AM, an interview was conducted with the US FOIA who stated that the residents who were in bed and are NJ Exec Order 26.4b1 are NJ Exec Orde and NJ Exec Order 26.4b every 2 hours. The US FOIA further stated that the nurse provided a report to the US FOIA (b) identifying which residents were to be NJ Exec Orde and NJ Exec Order 26.4b1 On 10/23/25 at 2:33 PM, an interview was conducted with the US FOIA (b)(6)), who stated, "if it is not documented it is not done." The US FOIA (further stated that both the nurses and the CNAs were responsible for completing the NJ Ex O documentation, and that it was important to document that the care was being provided as required. The US FOIA also reported that the US FOIA (b)(6)	F0677		

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F0677 SS = D	Continued from page 8 US FOIA (b)(6)) and the US FOIA (b)(6) were responsible for auditing NJ Exec documentation to ensure completion. 2. A review of the Admission Record (AR) revealed that Resident #2 was admitted to facility with diagnoses that included but were not limited to; NJ Exec Order 26.4b1 [redacted] Review of Resident #2's NJ Exec Order 26.4b "Documentation Survey Report v2," a form included blank spaces indicating that the task, were not completed as follows: NJ Exec Order 26.4b1 [redacted] on the day shift. On NJ Exec Order 26.4b1 [redacted] on the evening shift. On NJ Exec Order on the night shift. NJ Exec Order 26.4b1 every 2 hours on NJ Exec Orde on the day shift. On NJ Exec Order 26.4b1 [redacted] on the night shift. NJ Exec Order 26.4b1 [redacted] on the night shift. On NJ Exec Order 26.4b1 [redacted] on the evening shift. On NJ Exec Order on the night shift. NJ Exec Order 26.4b1 [redacted] on the day shift. On NJ Exec Order 26.4b1 [redacted] on the evening shift. On NJ Exec Order 2 on the night shift. NJ Exec Order 26.4b1 [redacted] on the day shift. On NJ Exec Order 26.4b1 [redacted] on the evening shift. On NJ Exec Order on the night shift.	F0677		

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F0677 SS = D	Continued from page 9 NJ Exec Order 26.4b1 on the day shift. On NJ Exec Order 26.4b1 the evening shift. On NJ Exec Order 26.4b1 the night shift. Review of Resident #2's NJ Exec Order 26.4 "Documentation Survey Report v2," a form included blank spaces indicating that the task, were not completed as follows: NJ Exec Orde NJ Ex Order 26.4(b every 2 hours on NJ Exec Order 26.4b1 on the evening shift. On NJ Exec Order 26.4b1 the night shift. NJ Exec Order 26.4b1 on the day shift. On NJ Exec Order 26.4b1 on the evening shift. On NJ Exec Order 26.4b1 on the night shift. NJ Exec Order 26.4b1 on the day shift. On NJ Exec Order 26.4b1 on the evening shift. On NJ Exec Orde on the night shift. On 10/23/25 at 10:17 AM, an interview was conducted with the US FOIA who stated that the residents who were in bed and are NJ Exec Order 26.4b1 are NJ Exec Orde and NJ Exec Order 26.4b every 2 hours. The US FOIA further stated that the nurse provided a report to the CNAs identifying which residents were to be NJ Exec Orde and NJ Exec Order 26.4b1 On 10/23/25 at 2:33 PM, an interview was conducted with the US FOIA (b)(6)), who stated, "if it is not documented it is not done." The US FOIA (b) further stated that both the nurses and the CNAs were responsible for completing the NJ Ex Or documentation, and that it was important to document that the care was being provided as required. The US FOIA also reported that the US FOIA (b)(6)) and the U.S. FOIA (b) (6) were responsible for auditing NJ Ex Or documentation to ensure completion.	F0677		

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F0677 SS = D	Continued from page 10 A review of the "Charting and Documentation Policy and Procedure" with a revised date of July 2021, revealed under "Policy Interpretation and Implementation" 3. "Documentation in the medical record will be objective, complete and accurate." NJAC 8:39, 27.2(b), (h).	F0677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 062209	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/23/2025

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Axia Care Center of Orange	**135 SOUTH CENTER STREET , ORANGE, New Jersey, 07050**

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H5750	UNIVERSAL TRANSFER FORM:MANDATORY USE OF FORM CFR(s): 8:43E-13.4(b) A licensed healthcare facility or program shall complete all sections of the Universal Transfer Form, to the best of the licensed healthcare facility or program's ability. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Complaint # 2641999, 2562115 Based on interview, medical record review and review of pertinent facility documents on 10/22/25, it was determined that the facility failed to ensure the New Jersey universal transfer form (UTF) was completed fully and accurately when a resident was transferred to the hospital. This deficient practice was identified for 1 of 4 residents reviewed (Resident #1). This deficient practice was evidenced by the following: Reference: NJ.gov: https://www.nj.gov/health/forms/hfel-7instr_1.pdf: "INSTRUCTIONS FOR COMPLETING THE NEW JERSEY UNIVERSAL TRANSFER FORM" dated "Aug 11", The purpose of the New Jersey Universal Transfer Form: A form that communicates pertinent, accurate clinical patient care information at the time of a transfer between health care facilities/programs. It conveys the patient information required under federal regulations and conveys specific facts that the physician and nurse need to begin caring for a patient. The word patient is used throughout the form but refers to resident/client or the terminology used by a specific facility or program. Complete all boxes #1 - 29. Resident #1 was not at the facility at the time of the survey. A closed record review was conducted.	H5750	The facility reviewed the medical record for Resident #1 and confirmed the resident had already been transferred to the hospital at the time the concern was identified. No adverse outcome related to the incomplete documentation was identified. All facility residents have the potential to be affected by this deficient practice. The facility evaluated all recent acute discharge documentation to determine if any additional residents may have been affected by this deficient. The Assistant Director of Nurses or designee shall reeducate all licensed nursing staff regarding the requirement to complete the NJ UTF in its entirety and accurately for all resident transfers. This education will be initiated on 1/15/26. The facility Director of Nursing or designee shall conduct weekly audits of all resident transfers for a period of 4 weeks, and monthly audits for a period of two months. These audits will commence of 1/15/26. All findings will be reported quarterly to the QAA/QAPI Committee. The QAA/QAPI Committee shall evaluate to determine continuing frequency of audits.	01/21/2026

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: 062209	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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H5750	Continued from page 1 A review of Resident #1's "Admission Record" (AR) an admission summary, revealed that Resident #1 was admitted to the facility with a diagnoses that included but were not limited to [redacted].) A Review of the Comprehensive Minimum Data Set (MDS) dated [redacted] a standardize assessment tool used in nursing homes to collect information, revealed that Resident #1 had a Brief Interview Mental Status (BIMS) of [redacted] out of 15, indicating the resident's [redacted] was [redacted]. A Review of Resident's #1 progress notes (NP) dated [redacted] at 7:00 AM revealed that the resident [redacted]. The resident was transferred to the hospital by Emergency Medical Services (EMS). A review of the New Jersey UTF for Resident #1 dated [redacted] revealed that the required sections were left blank: 4. Language 7. Contact person 8. Reasons for transfer 12. Isolation/Precaution 18. Personal items sent with patient 22. PASRR (Preadmission Screening and Resident Review) 24. Immunization /Screening During an interview on 10/23/25 at 2:33 PM, the Director of Nursing (DON), acknowledged that there should not be any blanks spaces in any document. A review of the facility's policy titled "Charting and Documentation Policy and Procedure" revised July 2021 under "Policy Interpretation and Implementation" number 3, revealed that "documentation in the medical record will be objective, complete and accurate".	H5750		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 062209	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/23/2025

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H5750		H5750		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315352	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/21/2026

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 01/21/2026 in relation to the 10/23/25 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.

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