

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Runnells Center for Rehabilitation & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 40 Watchung Way Berkeley Heights, NJ 07922	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>Based on interviews and review of pertinent facility documentations on 4/13/26, 4/16/26, and 4/17/26, it was determined that the facility Social Worker (SW) failed to review an electronic mail (email) message dated 4/10/26 about an alleged verbal abuse. The deficient practice was identified for 1 of 5 residents (Resident #1) reviewed for abuse and neglect and was evidenced by the following: A review of the Minimum Data Set (MDS), an assessment tool dated 2/25/26, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 10 out of 15, indicating the resident's cognition was moderately impaired. The MDS further revealed that the resident required assistance from staff for completion of their activities of daily living (ADLs). On 4/16/26 at 12:18 PM, the surveyor interviewed Resident #1 concerning the 4/9/26 incident. Resident #1 stated that it was nighttime and 2 female nurses, described as one with black hair and the other with reddish dark hair, pointed their fingers and swore at me. The resident denied staff being rough with their PEG tube cleaning or causing pain. (Percutaneous Endoscopic Gastrostomy tube, a tube surgically placed through the abdominal wall into the stomach to provide long-term nutritional support or decompression). Resident #1 stated that staff only used swear words at them. The resident did not report this incident to staff but told a family member about it the next day. On 4/16/26 at 1:56 PM, surveyor interviewed the SW who stated that Resident #1's CC emailed her Friday, 4/10/26, regarding care concerns, as well as somebody yelling at the resident. The SW stated that she returned to work on Tuesday 4/14/26 and that day in morning clinical meeting she made the clinical team aware of the email. The SW was unable to say if the allegations were investigated. The surveyor requested grievances for the month of April 2026. A review of the email from Resident #1's CC to the facility SW dated 4/10/26 at 4:21 PM revealed allegations of rough care and verbal abuse by staff who were cursing loudly at Resident #1. On 4/16/26 at 1:56 PM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) together with the Regional Clinical Director (RCD). The LNHA and the RCD stated that they did not know about the alleged abuse until 4/16/26 when the SW handed the CC's email to the LNHA. A review of the facility's policy, Abuse, Neglect, Misappropriation Prevention Policy and Procedure, revised 8/29/19, under Verbal Abuse revealed, includes the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families or within their hearing distance, regardless of their age, ability to comprehend, or disability. Under Identification revealed, 4. Staff members must report to his/her immediate supervisor, department head or the administrator any suspected, actual or allegations of abuse, neglect or mistreatment. N.J.A.C. 8:39-27.1(a), 39.4(g),(i)</p>

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 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
---	-------	-----------