

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315014	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Big Oak Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 849 Big Oak Road Pittsgrove, NJ 08318	
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)		
F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. Complaint #2793788Based on observation and interview it was determined that the facility had insufficient staffing in the kitchen to carry out the duties of the food service operations competently. This deficient practice was evidenced by the following: Cross-reference: F803On 3/23/26 at 10:30 AM, during a Resident Council Meeting with the surveyor, 5 of 6 alert and oriented residents in attendance (#5, #12, #37, #67, and #73) stated that the facility did not have a cook for one day the week prior and they were served cold food for all three meals. The residents stated the facility brought around a cart and handed out cereal and milk for breakfast. On 3/23/25 at 10:44 AM, the surveyor observed the Food Service Director (FSD) making lunch. When the surveyor asked if there was a cook, the FSD stated that there was no cook today, so he was covering all the meals. On 3/23/26 at 12:55 PM, the surveyor interviewed a Dietary Aide (DA) that confirmed that she was aware of a day the past week when there was no cook. The DA stated that the cook called out sick and the FSD was also ill. The DA stated that the Registered Dietician (RD) was notified, and the DA was advised to use what was available in the kitchen that did not need to be cooked. The DA added that for breakfast they served cold cereal, milk, and juice, the lunch meal was cold cut sandwiches and chips, and the dinner was cold cut lunchmeat wraps (ham). Nothing was cooked and no vegetables were offered since they required cooking. On 3/24/26 at 10:23 AM, during an interview with the FSD and the RD, it was confirmed that on 3/18/26 both the FSD and the scheduled cook were sick and there was no cook on duty. The RD confirmed that she was notified, and they managed with the food that was available that did not require cooking. When asked if the meals served met the daily nutritional needs requirement, the RD admitted that it did not. A review of the kitchen schedule provided for the month of March revealed that the FSD covered the cooking most days and that there was only one cook on the schedule for the month. The FSD stated that the one cook was scheduled five days a week and was off on Mondays and Thursdays. The cook came in at 11:30 AM and worked until closing. The FSD covered all breakfast meals during the week and the weekends, as well as all meals Mondays and Thursdays. When the surveyor asked why there were no back up cooks, the FSD stated that previously they did have three cooks on the schedule to rotate days and meals, but two of the cooks had quit. When the surveyor asked what constituted a full staff, the FSD responded ideally, three full time cooks and one part time, which would allow for all shifts to be shared for meals (early morning and evenings till closing) as well as rotation of the weekends. On 3/25/26 at 12:37 PM, the Licensed Nursing Home Administrator (LNHA), the Director of Nursing (DON), and the Regional Registered Nurse (RRN), were made aware of the concerns regarding the staffing in the kitchen. On 3/26/26 at 9:46 AM, during a meeting with the survey team, the LNHA, the DON, and the RRN, acknowledged the need for more cooks. A review of the facility's Dietary Emergency Staffing policy with a review date of January 2026, included, The facility shall ensure the provision of safe, sanitary, and nutritionally adequate meals to all residents in accordance with physician orders and resident care plans, even in the absence of a scheduled cook, in compliance with federal regulations (42 CFR 483.60). Under Responsibility, the Administrator is responsible for oversight and regulatory compliance. NJAC 8:39-17.3		

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
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