

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/24/2025
NAME OF PROVIDER OR SUPPLIER  Coral Harbor Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2050 Sixth Ave Neptune City, NJ 07753	

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 0921  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.  (continued on next page)

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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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to maintain a safe and sanitary environment. The deficient practice was identified for 2 of 2 units reviewed for environment. This deficient practice was evidenced by the following: On 10/24/25 at 9:25 AM, the two surveyors conducted a unit tour on the first floor and second floor units. The following was observed during the tour: 1. At 9:25 AM, the surveyors observed in room [ROOM NUMBER] the floor was soiled with a dried, unknown substance. 2. At 9:40 AM, the surveyors entered room [ROOM NUMBER], and observed an unsampled resident's room, who stated their bathroom shower drain had been clogged and when they took a shower, the water did not drain well. 3. At 9:42 AM, the surveyors entered room [ROOM NUMBER] and observed a resident in their bed. There was a feeding tube machine with tube feeding bottle attached at the bedside. The surveyors observed the side rail padding was soiled with dried up tube feeding formula. 4. At 9:45 AM, the surveyors accompanied by the Certified Nurse Aide (CNA) entered room [ROOM NUMBER] and observed a dark colored debris on the surface of the bathtub. There was a piece of brown colored wet paper noted in the bathtub. The CNA stated the shower had been out of order. The CNA sent a maintenance request electronically to the maintenance department. 5. At 9:49 AM, the surveyors entered room [ROOM NUMBER] and observed the brown colored laminated paper was peeling off from the top surface of a resident's nightstand by the window. The surveyors observed there were two television stands with drawers for each resident in the room and the laminated paper was peeled off from the edges on the top surfaces. 6. The surveyors observed loose handrails in the hallway on the first and second floor unit during the tour. The surveyors observed the push bars on the double doors on both units were missing the end cap brackets (a small metal piece screwed to the door) and had sharp edged openings. On 10/24/25 at 10:00 AM, during an interview with the surveyor, the Director of Environmental Services (DES) stated he was responsible for making environmental rounds daily on the units and presented any concerns during morning meetings. The surveyor informed the DES the above concerns during the tour of the units. The DES stated the staff did not report anything to him and he was not aware of the concerns. On 10/24/25 at 11:15 AM, during an interview with the surveyor, the Maintenance Director (MD) stated he made rounds daily. The surveyor inquired if he was aware of the above concerns identified during tour. The MD replied he was not aware of any of the concerns. On 10/24/25 at 2:53 PM, the surveyors met with the Licensed Nursing Home Administrator, the Regional Director of Clinical Services and the Regional Director of Specialty Program. The surveyors notified the facility management of the above concerns and findings regarding the resident bathroom showers, furniture in the resident's room, loose handrails, and the double door push bars missing their end cap brackets on the units. A review of the facility provided Homelike Environment policy with a revised date February 2021, included: Policy Statement: Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible. Policy Interpretation and Implementation: 2. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. ) clean, sanitary and orderly environment; d. ) personalized furniture and room .NJAC 8:39-31.4 (a)(b)(f)</p>		