

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/05/2026
NAME OF PROVIDER OR SUPPLIER  Belle Care Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  439 Bellevue Avenue Trenton, NJ 08618	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Complaint # 366635Based on interview and record review, it was determined that the facility failed to report an allegation of a resident-to-resident altercation to the Department of Health (State Agency) within the required 24-hour time frame. This deficient practice was identified for 2 of 8 residents (Resident # 113 and 114) reviewed under Abuse.The deficient practice was evidenced by the following:A review of the facility's AAS-45 (official report that a nursing home must send to the state government whenever an accident or incident happens to a resident) revealed that a resident-to-resident altercation occurred on 11/27/2024.A review of the AAS-45 revealed the form indicated that no injuries were reported because of the altercation.A review of the AAS-45 revealed the facility indicated the event was called into the Department of Health on 11/28/2024.A review of the AAS-45 revealed that the section for the date of the report was 12/12/2024.A review of the NJ Department of Health Intake Information sheet revealed the Department received the intake via E-Mail on 12/13/2024, approximately 16 days after the incident.On 1/02/2026 at 10:13 AM, during an interview with the surveyor, the Director of Nursing (DON) stated the date on the AAS-45 was a typographical error and the incident would have been reported on the date it occurred. The DON could not provide documentation to support that the notification was made within the required time frame.On 1/02/2026 at 12:26 PM during an interview with the Licensed Nursing Home Administrator, she stated that reporting allegations of abuse must be completed within two hours if there is harm and twenty-four hours if there hasn't been.A review of the facility-provided policy titled Abuse Policy under G. Reporting and Response revealed that the facility will ensure that all alleged violations involved abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency).N.J.A.C. 8:39-9.4(f)</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
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