

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315141	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2026
NAME OF PROVIDER OR SUPPLIER  Abingdon Care & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  303 Rock Ave Green Brook, NJ 08812	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Complaint #: 2723631 Based on interviews, medical record reviews, and review of other pertinent facility documentation on 02/11/2026, it was determined that the facility failed to update the care plan (CP) with clear focus, goals, and interventions for a resident (Resident #3) involved in a staff to resident abuse allegation. This deficient practice was identified for 1 of 4 residents reviewed for care plans and was evidenced by the following: According to the admission Record (AR), Resident #3 was admitted to the facility with diagnoses including but not limited to: other lack of coordination; muscle weakness; need for assistance with personal care; and unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. Review of the Quarterly Minimum Data Set (MDS), an assessment tool dated 11/30/2025, revealed that Resident #3 had a Brief Interview for Mental Status (BIMS) score of 9 out of 15, which indicated that the resident had moderately impaired cognition. Further review of the MDS revealed that Resident #3 was dependent on a helper to move from sitting to standing, and to move from a chair to bed. The Progress Notes (PNs) for Resident #3 were reviewed. A PN dated 11/17/2025 at 10:59 AM, revealed that Resident #3 complained of back pain and asked to be returned to bed by facility staff. The PN revealed that facility staff returned the resident to their bed. Review of an untitled and undated facility document revealed that an insurance case worker reported that Certified Nursing Assistant (CNA) #1 was rough with Resident #3 during the transfer to bed and the resident was saying, ow, while the transfer was taking place. The facility document revealed that CNA #1 was immediately suspended pending an investigation. The document further revealed that the allegation of rough handling was unsubstantiated. A review of Resident #3's CP revealed a focus of Documented Resident/Representative Concerns Documented Resident/ Rep. Concerns the focus was initiated on 11/17/2025. Interventions/Tasks related to this focus included that the nurse would identify area of concern; Nurse would notify appropriate department leaders of concerns per facility protocol; and that the nurse would notify Social Services of the concern and the possible need for a care conference. An interview was conducted with Unit Manager #1 on 02/11/2026 at 12:30 PM. UM #1 stated that after an abuse allegation the CP of the resident involved should be updated so staff could know that allegations were made and know what to do. UM #1 stated that typically he or the Director of Nursing were responsible for updating resident CPs. On 02/11/2026 at 3:18 PM, the surveyor interviewed the Regional Director of Nursing (RDON), who stated that the 11/17/2025 update to Resident #3's CP did not meet her expectations for a CP update after a resident was involved in a staff to resident abuse allegation. The RDON stated that the CP update was not acceptable because the issue being addressed was not clear. Review of the facility's undated policy titled Care Plans revealed under POLICY STATEMENT, An individualized care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident. Under POLICY INTERPRETATION AND IMPLEMENTATION, 4. Care plans are revised as changes in the</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  315141	Facility ID:  315141  If continuation sheet Page 1 of 6

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>resident's condition may dictate. NJAC 8:39-11.2 (e)(2)</p>

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Complaints: 2706516, 2743086 Based on interviews, review of the medical records, and review of other pertinent facility documentation on 02/11/2026 and 02/12/2026, it was determined that the facility failed to provide for the medically related social service needs for residents who required assistance with obtaining needed services from outside entities; or who should have received emotional support after an allegation of staff to resident abuse. This deficient practice was identified for 3 of 3 residents (Resident #3, Resident #4, and Resident #5) reviewed and was evidenced by the following: A review of the Resident Council Minutes dated 11/26/2025 revealed that residents inquired about when the facility would have a Social Worker (SW). A review of the Resident Council Minutes dated 12/31/2025 revealed that SW #1 was in the facility a few days a week and that the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), and Assistant Director of Nursing (ADON) could help out if residents needed anything. 1. According to the admission Record (AR), Resident #3 was admitted to the facility with diagnoses including but not limited to: other lack of coordination; muscle weakness; need for assistance with personal care; and unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. Review of the Quarterly Minimum Data Set (MDS), an assessment tool dated 11/30/2025, revealed that Resident #3 had a Brief Interview for Mental Status (BIMS) score of 9 out of 15, which indicated that the resident had moderately impaired cognition. Further review of the MDS revealed that Resident #3 was dependent on a helper to move from sitting to standing, and to move from a chair to bed. The Progress Notes (PNs) for Resident #3 were reviewed. A PN dated 11/17/2025 at 10:59 AM, revealed that Resident #3 complained of back pain and asked to be returned to bed by facility staff. Review of an untitled and undated facility document revealed that an insurance case worker reported that Certified Nursing Assistant (CNA) #1 was rough with Resident #3 during the transfer to bed. The facility document revealed that CNA #1 was immediately suspended pending an investigation, and the resident was evaluated by Pain Management. The Interventions, section of the document did not reveal that a member of the Social Services (SS) Department monitored the resident's status in response to the incident and investigation. 2. Review of a facility Grievance Report, with a filed date of 01/27/2026 revealed that Resident #5 wanted assistance with community housing. The document further revealed that the Regional Admissions Director met with the resident and provided information on how to get a phone and contact information for community housing programs. According to the AR, Resident #5 was admitted to the facility with diagnoses including but not limited to: Type 1 diabetes mellitus with proliferative diabetic retinopathy (advanced damage to blood vessels in the eye) without macular edema, unspecified eye; muscle weakness (generalized); unsteadiness on feet; need for assistance with personal care; type 1 diabetes with diabetic neuropathy (nerve damage leading to pain and numbness); acquired absence of left leg below knee (amputation). A review of the Quarterly MDS dated [DATE] revealed that Resident #5 had a BIMS score of 15 out of 15, which indicated that the resident's cognition was intact. Further review of the MDS revealed that Resident #5 wanted to talk to someone about leaving the facility and living and receiving services in the community. The PNs for Resident #5 were reviewed and revealed the following Social Services notes: A PN dated 09/22/2025 at 10:25 AM, revealed that the resident was admitted and had no physician or pharmacy in the community. A PN dated 10/06/2025 at 2:18 PM, revealed that the resident was presented with a mail-in ballot. A PN dated 01/10/2026 at 10:38 PM, written by the LNHA revealed that the LNHA spoke to a family member of Resident #5 who stated that they would take care of transferring Resident #5 and were waiting to hear from other facilities. No additional SS</p> <p>(continued on next page)</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>related PNs were provided. An interview was conducted with Resident #5 on 02/12/2026 at 10:05 AM. Resident #5 stated that they had been requesting assistance from a SW to get a phone and housing since September 2025. Resident #5 stated that they met briefly with a SW from Corporate (CSW) who provided incorrect contact information for community resources. The resident stated that the CSW also provided forms, but the resident was unable to complete the forms due to their neuropathy. The resident stated that they were not comfortable having other facility staff help fill out the forms with their personal information. The resident further stated, I need help and I am not getting it. 3. On 02/12/2026 at 10:35 AM, the surveyor observed Resident #4 in their room with a family member (FM) packing their belongings. Resident #4 and their FM confirmed that the resident had been discharged . An interview was conducted with Resident #4 and their FM on 02/12/2026 at 10:35 AM. Resident #4 stated that the facility's discharge process was tough and that they could not speak to the proper people for arranging their discharge. The resident's family member stated that there had not been a meeting with family or any discussion with a SW about the resident's discharge. The resident's family member further stated that they and another family member had to do most of the arrangements needed for Resident #4's discharge. According to the AR, Resident #4 was admitted to the facility with diagnoses including but not limited to: myelofibrosis (blood cancer characterized by scarring in the bone marrow); chronic obstructive pulmonary disease (progressive lung disease that makes it difficult to breathe); muscle weakness (generalized); difficulty walking not elsewhere classified; bone marrow transplant status; and need for assistance with personal care. A review of the Quarterly MDS dated [DATE] revealed that Resident #4 had a BIMS score of 15 out of 15, which indicated that the resident's cognition was intact. Further review of the MDS revealed that Resident #4's goal was to be discharged to the community; and that active discharge planning was occurring for the resident to return to the community.No SS PNs related the resident's discharge or discharge planning were provided. Entrance conference was conducted with the LNHA on 02/11/2026 at 10:05 AM. The LNHA informed the surveyor that the facility did not currently have a SW, and that the part time SW had left approximately two weeks prior. A follow up interview was conducted with the LNHA on 02/12/2026 12:17 PM. The LNHA stated that the facility should have a full time SW to meet the residents' needs, and that a SW should be part of the interdisciplinary team and care planning for the residents. The LNHA confirmed that Resident #3 was not seen by SS after the abuse allegation involving them. The LNHA stated that Unit Manager #1 assisted with connecting Resident #4 with community resources for discharge. The LNHA stated that a SW would normally assist residents with these issues. The LNHA stated that he spoke with Resident #5's family about finding other living arrangements for the resident. The LNHA stated that a SW would normally assist residents with these issues. Review of the undated facility policy titled, ABUSE PREVENTION PROGRAM revealed under, POLICY INTERPRETATION AND IMPLEMENTATION, that when information concerning a report of abuse was received, the LNHA or their designee will request that a representative from the SS department monitors the resident's psychosocial status in response to the incident and investigation. A review of the facility's undated Social Worker job description revealed The primary purpose of your job position is to assist in the planning, organization, and developing of the Social Services Department in accordance with current federal, state, and local standards, guidelines and regulations, our established policies and procedures, and as may be directed by the Administrator, to assure that the medically related emotional and social needs of the resident are met/maintained on an individual basis. Under, Duties and Responsibilities, the job description revealed . Refer resident/families to appropriate social service agencies when the facility does not provide the services or needs of the resident. [.] Assure that social service progress notes are informative and</p> <p>(continued on next page)</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>descriptive of the services provided and the resident's response to the service. [...] Participate in regularly scheduled reviews of resident discharge plans. NJAC 8:39-39.4(b)(f)(h)</p>

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<p>F 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>Complaints: 2706516, 2743086 Based on interview and review of facility documentation, it was determined that the facility failed to employ a full-time Social Worker (SW) from August 2024 until 02/12/2026. This deficient practice had the potential to affect all residents and was evidenced by the following: On 02/11/2026 at 10:05 AM, a survey entrance conference was conducted with the Licensed Nursing Home Administrator (LNHA) who stated that the facility did not have a full-time Social Worker (SW) and the facility's part-time SW left approximately two weeks prior. On 02/12/2026 at 9:34 AM, an interview was conducted with the Human Resources Director (HRD) who stated the facility had no full-time SW for the last five months. The HRD stated after the full-time SW left, a part-time or per diem (as needed) SW worked up to 30 hours per week but they left two weeks ago. On 02/12/2026 at 12:17 PM, an interview was conducted with the LNHA. The LNHA reviewed a Director of Social Work job posting dated 08/16/2024 with the Surveyor and stated that it was around that time that the facility lost their full-time SW. The LNHA further stated that the facility should have a full-time SW to meet the residents' needs. Review of facility provided timecards for SW revealed that they worked as follows: For the 11/16/20205 - 11/29/2025 pay period: 8.42 hours For the 11/30/2025 - 12/13/20205 pay period: 7.00 hours For the 12/14/2025- 12/27/2025 pay period: 7.83 hours For the 12/28/2025 - 01/10/2026 pay period: 8.92 hours For the 01/11/1016 - 01/24/2026 pay period: 4.25 hours. The facility was on record as being licensed for 180 beds. The CMS guidelines implemented 11/28/17, included but were not limited to a qualified SW full-time for a facility with over 120 beds. A review of the facility's Social Worker job description revealed The primary purpose of your job position is to assist in the planning, organization, and developing of the Social Services Department in accordance with current federal, state, and local standards, guidelines and regulations, our established policies and procedures, and as may be directed by the Administrator, to assure that the medically related emotional and social needs of the resident are met/maintained on an individual basis. N.J.A.C. 8:39-39.3(a); 39.2</p>		