

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315206	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/03/2026
NAME OF PROVIDER OR SUPPLIER Manahawkin Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1211 Rt 72 West Manahawkin, NJ 08050	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on interview and review of Nurse Staffing Report (NSR) it was determined that the facility failed to ensure a Registered Nurse worked seven days a week for at least eight consecutive hours a day for 4 of 14 days reviewed. This deficient practice was evidenced by the following: On 2/3/26, the surveyor requested the NSR to be completed for the 2 weeks of staffing prior to survey from 01/18/2026 to 01/31/2026. A review of the NSRs completed by the facility for the above requested weeks revealed the facility had no RN coverage for all shifts on 1/18/26, 1/21/26, 1/28/26 and 1/31/26. On 2/11/26 at 8:06 AM, during a telephone conversation, the Licensed Nursing Home Administrator confirmed she was aware there was no RN coverage for the above mentioned dates. She stated, It was due to call outs. NJAC 8:39-25.2(h)</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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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>Complaint #2731638 Based on interviews and review of facility provided documents, it was determined that the facility failed to provide residents with their breakfast meal at a regular time comparable to normal mealtimes, with no more than 16 hours elapsing between the evening meal and the breakfast meal the following day. This deficient practice was identified for one of one breakfast meal (1/31/26) reviewed and was evidenced by the following: On 2/3/26 at 11:48 AM, the surveyor interviewed the second floor Licensed Practical Nurse (LPN) who stated breakfast usually was delivered to her residents between 7:45 AM and 8:15 AM. She further stated that on Saturday (1/31/26) breakfast was not delivered until approximately 11 AM. The LPN stated she provided some of her residents with snacks from the pantry while they were waiting for breakfast that morning. She stated she did not know the reason for the delay in breakfast being served but continued to provide her morning care as usual until breakfast arrived. She further stated the nursing staff did not have a key to the kitchen. She acknowledged she did not notify a supervisor or manager about the delay in the breakfast meal. On 2/3/2026 at 12:05 PM, the surveyor interviewed the second floor Certified Nursing Assistant (CNA) who stated breakfast was usually served by 8:30 AM. She stated that on Saturday morning (1/31/26), breakfast was not delivered to the residents until approximately 10:30 or 11 AM. She stated some residents asked for food and she offered them what was available in the pantry. On 2/3/26 at 1:22 PM the surveyor interviewed the Food Service Director (FSD) who stated the cook was scheduled to work on Saturday (1/31/26) at 5:30 AM. The FSD stated the following timeline: The cook called him at 4 AM that morning to report having car trouble, but that he would attempt to get to work on time. The FSD further stated he received a call from the dietary aide at 6:30 AM who reported he was at work but unable to get into the kitchen because the door was locked. The FSD stated that two cooks, the FSD (himself), and the director of maintenance had keys to the kitchen. He acknowledged the dietary aides did not have a key to the kitchen. He was unable to speak to whether the nursing department was provided with a key to the kitchen. The FSD stated he received a call from the night shift cook at 9:30 AM who stated he had arrived at the facility with the key to the kitchen. The FSD further stated there were four dietary aides who waited at the facility for a cook to arrive with the key. The FSD stated he himself went to the facility at 10:45 AM to assist with breakfast service. The FSD acknowledged there was a delay in serving the breakfast meal that day. He further acknowledged that 17 hours elapsed between dinner served at 5:45 PM on 1/30/26 and breakfast served at 10:45 AM on 1/31/26. On 2/3/2026 at 11:53, the surveyor interviewed the Licensed Nursing Home Administrator, who stated the dietary aide arrived at 630 to prep breakfast but the kitchen was locked so he sat in lobby waiting for the cook to arrive. She stated he did not tell anyone he couldn't get into the kitchen. The LNHA stated the night supervisor had a key but was unaware of the problem. She stated she was made aware of the problem at 9:40 AM and at that time she called the Manager on Duty who was already on the way to the facility. A review of the facility policy provided by the FSD titled Serving a Meal dated 11/29/23 which reflected that the policy of the facility was to serve meals that meet the nutritional needs of residents. The policy explanation and compliance guidelines reflected 14 items related to the proper way to serve a meal to a resident (ie. open all cartons and give the napkin to the resident. etc). The policy did not reflect a process to ensure meals were provided at regular times and not more than 16 hours elapsed between meals. The surveyor inquired regarding additional policies or procedures with regard to meal times. No further information was provided prior to the end of the survey. NJAC 8:39 - 17.2 (f)</p>		