

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  02/11/2026
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 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>Based on interviews and review of facility documents, it was determined that the facility failed to develop and maintain a comprehensive facility assessment that accurately identified the mental and behavioral health needs of its resident population and the resources necessary to provide appropriate care. On 2/11/26 at 11:54 AM, the surveyor requested a copy of the Facility Assessment (FA). On 2/11/26 at 1:25 PM, the surveyor reviewed the FA dated 7/22/25. The FA under Purpose Statement: The purpose of this assessment is to determine what resources are necessary to care for our residents competently during both day-to-day operations (including nights and weekends) and emergencies. The FA under, Scope identified: The facility's resident population, including but not limited to: the number of residents and the facility's resident capacity. The care required by the resident population using evidence-based, data-driven methods that consider the types of diseases, conditions, physical and behavioral health needs, cognitive disabilities, overall acuity, and other pertinent facts that are present within that population, consistent with and informed by individual resident assessments. The staff competencies and skill sets that are necessary to provide the level and types of care needed for the resident population. The FA under, Scope identified: The facility's resources, including but not limited to: Services provided such as physical therapy, pharmacy, behavioral health and specific rehabilitation therapies; All personnel, including managers, nursing and other direct care staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care. The FA under, Diseases/Conditions &amp; Physical/Cognitive Disabilities for Which We Provide Care: Psychiatric/Mood Disorders listed schizophrenia, depression, anxiety. The FA under, Resident Acuity Affecting Licensed Nurses (include facility specifics not already listed here): Behavioral/Mental Health listed vendor retained to provide services psych and psychological. The FA under, SERVICES AND CARE WE OFFER BASED ON OUR RESIDENT'S NEEDS: Behavioral and Mental Health listed psychological psychiatric, and pess [Psychiatric Emergency Screening Services] unit. The FA under, INFORMATION ABOUT OUR STAFF: Social Services listed Mental Health Professional as contracted. The contracted party was not identified. The FA under, INFORMATION ABOUT OUR STAFF: Behavioral/Mental Health Providers listed Psychiatrists, Psychologists, Licensed Counselors. None of the providers were identified and the areas to identify the behavioral and mental health providers were left blank. The FA under, INFORMATION ABOUT OUR STAFFING PATTERNS: Behavioral Health Services listed staffing is adequate for caring for residents with dementia, mental health conditions, or history of trauma as evidenced by: . No evidence was listed. The FA under, Reassessment: This assessment will be reviewed and updated, as necessary, and at least annually. Whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment, the Administrator will ensure that all relevant elements of the assessment is reviewed and updated. Additionally, the facility will consider specific staffing needs for</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
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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>each shift. and for each resident unit in the facility based on changes to the resident population. Any changes to this assessment will be documented, along with a revision history. On 2/11/26 at 1:31 PM, the surveyor conducted an interview with the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON) and the Director of Operations (DOO). The surveyor gave the copy of the FA that was received for review and requested that staff point out the areas of the FA that covered psychiatric and behavioral issues. The LNHA pointed out that the FA included under SERVICES AND CARE WE OFFER BASED ON OUR RESIDENT'S NEEDS: Behavioral and Mental Health listed psychological psychiatric, and pess unit. She also stated that under INFORMATION ABOUT OUR STAFF: Social Services listed Mental Health Professional as contracted. The LNHA then stated that information for mental health providers was not available. She also acknowledged that no evidence was listed under INFORMATION ABOUT OUR STAFFING PATTERNS: Behavioral Health Services. On 2/11/26 at 1:41 PM, the surveyor asked if the FA that was reviewed would be a fully complete FA. The DON stated no. The surveyor then asked if the facility has a large population of residents who have mental health, behavioral and psychiatric issues. The DON stated yes. The surveyor then reiterated the missing components that were reviewed by the LNHA and received acknowledgement from the LNHA and DON that several components necessary for the FA were missing. The LNHA stated she did try to review the FA but did not have a chance to. A review of the facility's policy titled Facility Assessment, with a last revised date of 12/12/24, included the following information under Guideline: this facility conducts and documents a facility-wide assessment to determine what resources are necessary to care for our residents competently during both day-to-day operation (including nights and weekends) and emergencies. The purpose of this policy is to establish responsibilities and procedures for the facility assessment process. Under, Explanation and Compliance Guidelines: 1. The facility assessment will, at a minimum, address or include: a. The facility's resident population, including but not limited to: i. Number of residents and the facility's capacity; ii. The care required by the resident population, using evidence-based, data-driven methods that consider the types of diseases, conditions, physical and behavioral health needs, cognitive disabilities, overall acuity and other pertinent facts that are present within that population, consistent with and informed by individual resident assessments; iii. The staff competencies and skill sets that are necessary to provide the level and types of care needed for the resident population; b. The facility's resources, including but not limited to: iii. Services provided, such as physical therapy, pharmacy, behavioral health and specific rehabilitation therapies; iv. All personnel, including managers, nursing and other direct care staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care; 3. The facility will use the facility assessment to: b. Consider specific staffing needs for each resident unit in the facility and adjust as necessary based on changes to its resident population. 4. The Administrator is responsible for ensuring the completion of the facility assessment and maintaining all documents that pertain to the assessment. The Administrator serves as the leader of the facility assessment process, or may designate someone to lead the process. 5. The completed facility assessment will be organized according to resident population, staffing, physical resources, and risk assessments. 8. Based on the assessment of resident characteristics, the facility will determine what care/services, staff competencies, and staffing needs are required to meet the needs of our residents. This will be compared to the specific care/services, including by contract, and training that we provide. Action plans will be implemented as necessary. 10. The facility assessment will be reviewed and updated as necessary and at least annually, whenever there is, or the facility plans for, any change that would require a substantial modification to any part of the assessment.</p> <p>(continued on next page)</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Additionally, the facility will consider specific staffing needs for each shift (e.g., day, evening, night, weekend shifts) and for each resident unit in the facility based on changes to resident population. Any changes to the assessment will be documented, along with a revision history.NJAC 8:39-5.1(a)</p>		