

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/12/2026
NAME OF PROVIDER OR SUPPLIER  Hammonton Center for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 43 N White Horse Pike Hammonton, NJ 08037	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on observation, interview, record review, and review of facility documents, it was determined that the facility failed to a.) ensure necessary services and assistance, specifically incontinent care, was provided to a dependent resident (Resident #199) for 1 of 5 residents reviewed for bladder incontinence and b.) ensure that a resident's urinary catheter bag was covered with a privacy bag to maintain the resident's dignity. This deficient practice was identified for 1 of 1 resident, (Resident # 14) reviewed for urinary catheter. This deficient practice was evidenced by the following: a.) On 1/9/2026 at 9:44 AM, the surveyor completed a facility wide incontinence rounds. The surveyor requested Certified Nursing Assistant (CNA) #4 and another staff member to announce and request permission to see Resident #199's brief. CNA #4 indicated that the resident was on hospice and was cognitively impaired. CNA #4 proceeded to knock on the door and guided Resident #199 as they revealed what appeared to be a urine saturated brief, that had seeped up the back of their incontinence brief. The surveyor asked what the dressings were on the resident's buttocks. CNA #4 stated that Resident #199 had a wound. The surveyor reiterated that Resident #199 had a wound and was sitting in a saturated incontinence brief. The surveyor observed that the urine was brown in color. When asked to describe the incontinence brief, CNA #4 confirmed that the brief was saturated in urine. The surveyor inquired when was the last time CNA #4 had checked Resident #199' brief to which she responded that the resident was on hospice and that the hospice aide had been providing care to the resident that morning. The surveyor then asked CNA #4 when the hospice aide had left for the day, but CNA #4 was unable to provide a time. The surveyor then proceeded to ask if hospice patient's were included in incontinence rounds. CNA #4 confirmed and further elaborated that incontinence rounds should be conducted every 2 (two) hours.</p> <p>A review of the admission Record, an admission summary, revealed the resident had diagnoses which included, but were not limited to: Unspecified Dementia.</p> <p>A review of the resident's quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 12/30/2025, included the resident was moderately impaired with daily decision making. Further review of the MDS under Section H- Bladder and Bowel revealed the resident was always incontinent of bowel and bladder.</p> <p>A review of the resident's individual comprehensive care plan (ICCP) included a focus area, dated 11/12/2018, that the resident had bowel and bladder incontinence [related to] cognitive impairment. Interventions included: check resident every 2-4 hours and assist with toileting as needed.</p> <p>A review of the CNA Task for Bowel Toileting Care every 2-4 hours and as tolerated during waking hours and PRN revealed that the resident only received care at 6:22 AM, on 1/9/25.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/12/2026
NAME OF PROVIDER OR SUPPLIER  Hammonton Center for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  43 N White Horse Pike Hammonton, NJ 08037	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/9/25 at 10:14 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) #5 who stated, the hospice aide had left the floor around 9:30 AM. It was unknown if she gave report to Resident #199's assigned nurse. When asked if it was important that residents with wounds receive regular incontinent care LPN #5 responded, absolutely. LPN #5 further stated that incontinence rounds are to be completed every 2 (two) hours.</p> <p>On 1/9/2025 at 9:58 AM, the surveyor interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM) #3 who stated, that hospice residents were not to be excluded from the incontinence rounds and they should also be checked every two hours. LPN/UM #3 attempted to locate the hospice aide in the building, but they were unable to be found.</p> <p>On 1/9/2025 at 12:46 PM, the surveyor interviewed the Hospice Home Health Aide (HHA), who provided care to Resident #199. The HHA stated that she ended her care with the resident at approximately 7:30 AM and gave report to the nurse. The HHA stated that when she left the resident, they were not soiled and were freshly changed. The HHA further stated that when she had come in to care for the resident the past two days, the resident was found to be saturated to the point that the urine had went through the incontinence brief, through the sheets, the clothing, and onto the bed with bright yellow urine noted.</p> <p>On 1/9/2025 at 2:19 PM, the in the Regional Clinical Director (RCD), in the presence of the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), and the survey team, acknowledged that hospice residents were still a part of the CNA assignment and they should be rounded on every two hours.</p> <p>A review of the facility's Activities of Daily Living (ADL) Care and Support policy, revised 11/6/2025, included: 1. ADL care and support will be provided for residents who are unable to carry out ADLS independently, with the consent of the resident and in accordance with the resident's assessed needs, personal preferences, and individualized plan of care, that includes, but not limited to supervision and assistance with: [.] elimination (toileting): transfers and incontinent care; [.] 8. Toileting/perineal care/incontinence care will be provided with care and as needed.</p> <p>A review of the facility's Certified Nurses Aide documents included under Specific Responsibilities Continued: Takes care of incontinent residents, (clean and dry) and provides skin care; Ensures that residents who are unable to call for help are checked frequently.</p> <p>NJAC 8:39-19.4 (a)</p> <p>b.) On 1/5/2026 at 11:34 AM, the surveyor observed Resident #14 lying in bed with their catheter bag hanging from the bed frame. The catheter bag was not in a privacy bag and was visible from the hallway.</p> <p>On 1/6/2026 at 9:46 AM, the surveyor observed Resident #14 lying in bed with the catheter bag hanging from the bed frame. The catheter bag was still not in a privacy bag and was visible from the hallway.</p> <p>On 1/6/2026 at 12:29 PM, the surveyor reviewed the medical record for Resident #14.</p> <p>A review of the admission Record, an admission summary, revealed the resident had diagnoses which included, but was not limited to: neuromuscular dysfunction of the bladder (occurs when nerves from</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/12/2026
NAME OF PROVIDER OR SUPPLIER  Hammonton Center for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  43 N White Horse Pike Hammonton, NJ 08037	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>the brain, spinal cord, or peripheral nerves were damaged, disrupting signals to the bladder, causing issues like incontinence), muscle weakness, and difficulty walking.</p> <p>A review of the resident's quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 11/30/2025, included that the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated that the resident's cognition was intact. Further review of the MDS revealed the resident had an indwelling urinary catheter (a thin flexible tube that drains urine from the bladder).</p> <p>A review of the resident's individual comprehensive care plan (ICCP) included a focus area, dated 8/27/2025, that the resident had an indwelling catheter. Interventions included: maintain privacy bag and catheter care.</p> <p>A review of the Order Summary Report (OSR), dated as of 1/5/2026, included a physician's order dated 12/29/2025, for an indwelling catheter.</p> <p>On 1/8/2026 at 1036 AM, the surveyor made a follow-up visit with the resident. The resident was in bed watching television. When interviewed the resident stated that they would like a privacy bag. They further stated that when they left their room to go to therapy, the staff placed the catheter bag next to them, and the urine was visible to others. At that time, the catheter bag was still uncovered and could be seen from the hallway.</p> <p>On 1/8/2026 at 10:49 AM, the surveyor, accompanied by the Licensed Practical Nurse/Unit Manager (LPN/UM) #1, went to the resident's room. LPN/UM #1 confirmed the finding.</p> <p>At that time, LPN/UM #1 stated that there should be a privacy bag covering the urine catheter bag to maintain the resident's dignity. She further stated that the Certified Nurse Assistant (CNA) should have obtained a privacy bag from the nurse.</p> <p>On 1/8/2026 at 11:09 AM, the surveyor interviewed the Certified Nursing Assistant (CNA) #2 who stated that privacy bags were available at the facility, and the catheter bags should always be covered.</p> <p>On 1/8/2026 at 1:46 PM, the surveyor interviewed the Director of Nursing (DON) who also stated that Resident #14 should have had a privacy bag in place for dignity.</p> <p>A review of the facility's Quality of Life/Dignity policy revised 5/28/2024 included, Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality. Staff shall promote, maintain and protect resident privacy, .</p> <p>NJAC 8:39- 27.1(a)</p>		