

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2026
NAME OF PROVIDER OR SUPPLIER Barnegat Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 859 West Bay Ave Barnegat, NJ 08005	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, it was determined that the facility failed to maintain the residents' living environment in a clean, sanitary, and homelike manner for 2 of 2 units (First and Second Floor). This was evidenced by:</p> <p>On 03/26/2026 at 10:06 AM, Surveyor #1 observed the first-floor shower room. In the first shower stall, on the bottom left corner, Surveyor #1 observed black discoloration and several chipped tiles.</p> <p>During an interview on 03/30/2026 at 11:15 AM, the Assisitant Director of Nursing (ADON) stated that housekeeping was responsible for the major cleaning of the shower room. Surveyor #1 and the ADON reviewed the shower room together. The ADON acknowledged that the shower tiles need attention.</p> <p>During the initial tour on 03/26/2026 at 9:26 AM, the surveyor observed room [ROOM NUMBER]A. At that time, the surveyor observed that the wallpaper was ripped behind the bed. The surveyor then observed room [ROOM NUMBER]. At that time, the surveyor observed, below the window, that there was a gap between the air conditioner/heater unit and the drywall above, with a black vegetative substance present within the gap.</p> <p>During the initial tour on 03/26/2026 at 9:42 AM on the second floor, the surveyor observed in the shower room cracked tiles, a clump of hair in the corner, and a black substance around the middle shower floor.</p> <p>During rounds on 03/27/2026 at 9:15 AM, the surveyor observed that the sink in the bathroom of room [ROOM NUMBER] had caulk that was cracked and peeling, with a gap between the wall and the sink.</p> <p>During an interview on 03/31/2026 at 12:01 PM with the survey team, the Licensed Nursing Home Administrator (LNHA) stated that the facility is toured daily by maintenance and the ambassador team (a team of managers). The LNHA stated that they try to be diligent in ensuring the facility is treated as they would treat their own homes. The LNHA also stated that they try to ensure it is a homelike environment for the residents.</p> <p>A review of a facility-provided policy titled Homelike Environment revealed: 2. The facility staff and management maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include a clean, sanitary, and orderly environment.</p> <p>N.J.A.C. 8:39-31.4(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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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observation, interview, review of medical records and other pertinent facility documentation, it was determined that the facility failed to ensure that appropriate incontinence care was provided for a resident who was dependent on staff for toileting hygiene and incontinence care. This deficient practice was identified for 1 out of 3 residents (Resident #70) reviewed for bladder and bowel incontinence. The deficient practice was evidenced by the following: On 3/26/2026 at 9:40 AM, during the initial tour of the facility, the surveyor observed a malodorous smell on the first-floor unit hallway across the room of Resident #70. The surveyor observed Certified Nursing Assistant #1 (CNA #1) enter Resident #70's room. On 3/26/2026 at 9:56 AM, the surveyor observed the door to the resident's room open. From the hallway, the surveyor observed CNA #1 fixing Resident #70's hair. When CNA #1 exited the room, the surveyor asked the CNA how many residents were in their assignment. CNA #1 stated they have 16 residents in their assignment. The surveyor entered the room of Resident #70. The surveyor observed the resident sitting in their wheelchair. The room smelled malodorous of urine. The surveyor noted the resident's dark blue mattress without a bed sheet. The mattress was wet and had a very strong smell of urine. The resident stated that the last time they got changed was yesterday morning. On 3/26/2026 at 10:00 AM, the surveyor looked at the CNA Assignment Sheet of the first floor. CNA #1 was assigned to residents in rooms 124 A, 124 B, 125 A, 125 B, 126 A, 126 B, 127 A, 127 B, 128 A, 128 B, 129 A, 129 B, 130 A, 130 B, 131 A, and 131 B for a total of 16 residents. On 3/27/2026 at 9:35 AM, during an incontinence tour of the first-floor unit with Licensed Practical Nurse/ Infection Preventionist (LPN/ IP), the surveyor observed Resident #70 in bed. LPN/ IP exposed the resident's blue incontinence brief from the front and the back. Both front and back of the brief was soaked with urine. The surveyor observed a malodorous smell of urine when the resident's brief was exposed. Under the resident was a blue disposable bed liner. The surveyor asked the resident when they last got changed. The resident stated that the last time they got changed was yesterday morning. The skin on the resident's buttocks area was not red. The surveyor reviewed the electronic medical record of Resident #70. A review of the resident's admission Record reflected that the resident was admitted to the facility with diagnoses that included but were not limited to pressure-induced deep tissue damage of the sacral (lower back) region, cerebrovascular disease, and congestive heart failure. A review of the resident's most current comprehensive Minimum Data Set (MDS), an assessment tool dated 3/18/2026, revealed that the resident had severely impaired cognition. The MDS further revealed that the resident required maximal assistance from staff for toileting hygiene and that the resident was frequently incontinent with bowel and bladder. A review of the Order Summary Report active as of 3/26/2026, revealed a physician order for furosemide 20 milligrams/ day indicated for congestive heart failure. A review of the Point-of-Care (POC) documentation (care staff documentation of care activities in the EMR) in March 2026, revealed no documentation that the resident received incontinence care for bladder during the following shifts and dates: a.) day shift on 3/11/26, 3/13/26, 3/20/26, 3/21/26, 3/22/26, 3/27/26, and 3/28/26; b.) evening shifts on 3/11/26, 3/14/26, 3/15/26, 3/16/26, 3/17/26, 3/19/26, 3/20/26, 3/22/26, 3/23/26, 3/24/26, 3/27/26, 3/28/26, and 3/29/26; and c.) night shift on 3/19/26 and 3/24/26. A review of the individual comprehensive care plan (ICCP) included a problem area initiated on 3/11/2026, that the resident required assistance for toileting related to recent cerebrovascular accident (stroke). On 3/30/2026 at 10:00 AM, during an interview with the surveyor, the Director of Nursing (DON) stated that staff is expected to check residents for incontinence every 2 hours. On 3/30/2026 at 11:45 AM, during an interview with the surveyor, the Staffing Coordinator (SC) stated that they were aware of the minimum direct care staffing ratio in New Jersey and that they were 1 CNA to 8 residents in the day shift. On 3/30/2026 at 12:11 PM, during an interview with the surveyor, the DON stated that they were aware of the minimum direct care staffing ratio in New Jersey and that they were 1 CNA to 8 residents in the day shift. A review of facility policy revised in April 2018, titled (continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Urinary Incontinence - Clinical Protocol included under Treatment and Management the following: As appropriate, based on assessment of the category and causes of incontinence, the staff will provide scheduled toileting, prompted voiding, or other interventions to try to improve the individual's continence status. N.J.A.C. 8:39 - 27.1 (a); 27.2 (d) (h) (j)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, it was determined that the facility failed to ensure Licensed Practical Nurse staff practiced within their professional scope of practice. The facility permitted Licensed Practical Nurses (LPNs) to independently conduct initial nursing assessments and initiate resident care plans without Registered Nurse (RN) coordination or oversight. The deficient practice was identified for 1 of 1 resident (Resident # 36) reviewed under the Competent and Sufficient Nursing Staff. The deficient practice was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist. Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist. On 03/26/2026 at 10:11 AM during the initial tour, the surveyor observed Resident # 36 in his/her room. He/She was admitted on [DATE]. At that time, the surveyor observed an intravenous (IV) pole with an IV bag connected to a tube that was infusing into the resident. A review of Resident # 36's Medical Diagnoses in the Electronic Medical Record (EMR) revealed a diagnoses of but not limited to Encounter for Other Orthopedic Aftercare, and Osteomyelitis of vertebra lumbar region (a serious, often post-operative or hematogenous, infection) along with Methicillin susceptible staphylococcus aureus infection (a type of bacterium responsible for difficult-to-treat infections due to its resistance to many common antibiotics) as the cause of diseases classified elsewhere. A review of the physician's orders in the EMR revealed an order for oxacillin sodium intravenous solution reconstituted (an antibiotic). The order revealed to use 12 grams intravenously one time a day for MSSA (Methicillin-Susceptible Staphylococcus aureus, a strain of staph bacteria that causes infections but remains susceptible to treatment with penicillin-related antibiotics) epidural abscess until 03/29/2026, Oxacillin 12grams in Normal Saline 500 milliliter at 21ml/hour over 24 hours. A review of the Care Plan located in the Medical Record revealed a focus for Right internal jugular (Central Line) secondary to infection/antibiotic therapy. It was created on 2/28/2026 by the Licensed Practical Nurse (LPN). There was also a focus for IV Antibiotic therapy via right Inter Jugular (Central Line) related to MSSA epidural abscess. It was initiated on 2/28/2026 and created by an LPN. A review of the Admission/readmission Evaluation located in the EMR dated 02/28/2026, revealed that it was completed by an LPN. On 03/27/2026 at 1:02 PM during an interview with the surveyor, the first floor LPN Unit Manager (LPN/UM) # 1 said that once the admission assessment is done, medications are verified with the prescriber, she will review the hospital records for a resident and initiate care plans at that time. The surveyor asked, If there is any LPN, they do the initial assessment? The LPN/UM # 1 replied, Yes. Lastly, she said that some of the nurses do know how to start the care plans including LPNs. She concluded by saying they will just start the head-to-toe assessment if they need to and they will start the care plan. On 03/29/2026 at 12:33 PM during an interview with the surveyor, the second floor Unit Manager, an LPN (LPN/UM) # 2, described that when the facility has a new admission, she will initiate a head-to-toe assessment. She continued by saying that the nurses do the other assessments including the Admission/readmission Evaluation and Base Line Care Plan. At that (continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>time, the LPN/UM # 2 said that the Licensed Practical Nurses do the admission initial assessment but for the most part, she does them. When the surveyor asked if a Registered Nurse ever sees that, she replied that she assumes the Director of Nursing looked over these. She stated, I don't know when asked if there is a designated Registered Nurse. On 03/31/2026 at 12:00 PM during an interview with the surveyor, the Director of Nursing replied, They do the initial resident evaluations. We do a review as a team after the surveyor asked if there is a reason Licensed Practical Nurses are doing initial assessments on newly admitted residents. During the same interview with the surveyor, the Director of Nursing replied, I don't have a good answer. The reason is we direct them to do so after the surveyor asked if there is a reason Licensed Practical Nurses are initiating base line care plans on newly admitted residents. A review of the facility-provided job description document revised 12/21 titled, Licensed Practical Nurse (LPN) revealed under Duties and Responsibilities that the LPN can, Provide basic nursing care to patients within Post-Acute and Rehabilitation's scope of practice including actions that meet psychosocial needs and physical needs. Secondly, it revealed that the LPN, Provide direct and individualized nursing care to assigned patients based on nursing standards and under the supervision of the Director of Nursing and/or a Registered Nurse designee. Lastly, the document revealed that the LPN Implements plans of care formulated by physician and Registered Nurse. A review of the facility-provided job description document revised 12/21 titled, LPN Unit Manager revealed under Purpose of Your Job Position that, The primary purpose of your position is to assist the Director of Nursing Services in planning organizing, developing, and directing the day-to-day functions of the Nursing Service Department in accordance with current federal, state, and local standards, guidelines, and regulations that govern the Facility, and as may be directed by the Administrator, the Medical Director, and/or Director of Nursing Services, to ensure that the highest degree of quality care is maintained at all times. N.J.A.C. S 8:39-11.1</p>		