

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2026
NAME OF PROVIDER OR SUPPLIER Preferred Care at Absecon		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 Pitney Road Absecon, NJ 08201	
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)		
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to provide pharmaceutical services in accordance with professional standards to ensure adequate procedures for maintaining accurate records, tracking, and timely investigation of discrepancies related to controlled substances leading to potential drug loss or diversion. This deficient practice was identified for 1 of 4 medication carts (First floor - Team 3 cart) reviewed for pharmaceutical services during medication storage and labeling tasks. This deficient practice was evidenced by the following: On 5/28/2026 at 9:59 AM, during the inspection of the medication carts on the first-floor nursing unit, the surveyor and Registered Nurse/Unit Manager (RN/UM #1) noted multiple cross-outs, erasures, and corrections in the narcotic binder of the team three (3) cart. A review of the undated Controlled Medication Accountability Log (CMAL; a facility form specified to be completed when adding all controlled drugs to the controlled medication drawer or disposing of discontinued drugs or completed Rx [prescriptions] from the drawer.) labeled first floor, cart 3 revealed erasures and corrections on the following medications: on 7-3 shift of 5/26/26, for morphine; on 7-3 shift of 5/26/26, for tramadol (pain reliever); on 3-11 shift of 5/26/26, for oxycodone; on 3-11 shift of 5/27/26, for oxycodone; and on 3-11 shift of 5/27/26, for lorazepam (a medication used to treat anxiety). Each of the corrections were signed by only one nurse. A review of the Narcotic Inventory Sheet (NIS; an inventory log for controlled substances signed by outgoing and incoming nurses on every shift) for May 1 - 15, 2026 revealed erasures and corrections on the following dates and shifts: on unspecified shift of 5/2/26, under an unlabeled column; on unspecified shift of 5/5/26, under the column Cards and under an unlabeled column; on unspecified shift of 5/8/26, under the column Cards and under an unlabeled column; on unspecified shift of 5/10/26, under an unlabeled column; on unspecified shift of 5/11/26, under the Liquids column; and on an unspecified shift of 5/12/26, under the Patches column. A review of the Narcotic Inventory Sheet (NIS) for May 16 - 31, 2026 revealed erasures and corrections on the following dates and shifts: on unspecified shifts of 5/22/26, under the column Cards and under an unlabeled column; on unspecified shift of 5/24/26, under the column Cards and under an unlabeled column; on unspecified shift of 5/26/26, under an unlabeled column; and on unspecified shift of 5/28/26, under the column Cards and under an unlabeled column. A review of the Individual Patient's Controlled Drug Record (IPCDR; an inventory log used to track the receipt, administration, dosage, and waste of controlled substances for a specific patient) for an unsampled resident's oxycodone IR (Immediate Release) 5 mg (milligram) tab (tablet) received by the facility from the pharmacy on 2/4/2026, revealed errors, cross-outs, and erasures on the following dates: 4/3/26, 4/5/26, 4/11/26, and 4/12/26. The errors did not have legible times of administration and counter signatures from a second witness. There were no comments or reasons written on the back of the sheets for the dates noted. On 5/28/2026 at 10:06 AM (continued on next page)		

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: 315244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2026
NAME OF PROVIDER OR SUPPLIER Preferred Care at Absecon		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 Pitney Road Absecon, NJ 08201	
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)		
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	during an interview with the surveyor, RN/UM #1 stated that the nurses on each shift would count the narcotics before they left the facility. RN/UM #1 also stated that if there were errors, the Director of Nursing (DON) would check and do an investigation. The surveyor asked RN/UM #1 if they had completed any investigations for the errors, erasures, and corrections that were noted. RN/UM #1 denied that there were any investigations started or completed. On 5/28/2026 at 10:23 AM, during an interview with the surveyor, Licensed Practical Nurse/Unit Manager (LPN/UM #1) stated that when the nurses have errors in narcotic counts, two nurses must destroy the medication, sign the logs, and write at the back of the IPCDR the reason for the error. On 5/29/2026 at 9:07 AM, the surveyor asked the DON for any reports or investigations for medication errors or incidents in the year 2026. On 5/29/2026 at 11:15 AM, the Assistant Director of Nursing (ADON) provided the surveyor with the facility narcotic medication error reports, incidents, and investigations. The documents did not include any investigation regarding the above noted errors/erasures or corrections. On 6/01/2026 at 8:23 AM, during an interview with the surveyor, the DON stated that the facility process for medication errors, specifically narcotics, was for nurses to do a shift-to-shift report and counting. The DON also stated that the nurses should report errors to the DON if there were erasures, corrections and cross outs. On 6/01/2026 at 2:03 PM, during a telephone interview with the surveyor, the Consultant Pharmacist (CP) stated that they would have to defer to the DON the facility process for errors in counts of controlled substances. The CP further stated that the typical process when there were discrepancies would be to immediately report them to the unit manager, the ADON, the supervisor, or the DON if they were at the building at that time. The CP stated that the issue should be noted and immediately addressed with a witness and brought to the attention of the supervisor or the DON. The CP further stated that there should not be cross-outs and that one line across was an error and that nurses should leave a space for the correction. A review of the facility policy reviewed in March 2026, titled Controlled Substances included the following under the End of Each Shift section: c.) Any discrepancies in the controlled substance count are documented and reported to the Director of Nursing Services immediately. d.) The Director of Nursing Services investigates all discrepancies in controlled medication reconciliation to determine the cause and identify any responsible parties and reports the findings to the administrator. NJAC 8:39 - 29.4 (k), 29.7 (c)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2026
NAME OF PROVIDER OR SUPPLIER Preferred Care at Absecon		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 Pitney Road Absecon, NJ 08201	
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)		
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observations, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure that the facility was maintained to provide the residents with a safe, clean, comfortable and homelike environment. This deficient practice was identified for 2 restrooms attached to 2 shower rooms on 2 of 2 nursing units (First-Floor and Second-Floor). This deficient practice was evidenced by the following:1.) On 5/28/2026 at 9:34 AM, Surveyor #1 observed a restroom that they were directed to use during a tour of the second-floor nursing unit. There was no toilet paper dispenser or toilet paper available for use inside the restroom. The walls of the restroom did not have any marks to indicate that a repair was in progress. The surveyor also noted two soiled white and green colored incontinence briefs inside the trash bin. The restroom was attached to a shower room. On 6/02/2026 at 8:21 AM, during an interview with the surveyor, the Licensed Nursing Home Administrator (LNHA) stated that the restroom was overlooked. LNHA further stated that the restroom was generally used for training purposes. 2.) On 5/29/2026 at 9:00 AM, Surveyor #2 toured the first-floor nursing unit shower room bathroom. Surveyor #2 observed that there was no toilet paper dispenser and no toilet paper in the bathroom attached to the first-floor shower room. On 5/29/2026 at 10:55 AM during an interview with the surveyor, Registered Nurse/Unit Manager (RN/UM #1) was asked by the surveyor where the toilet paper dispenser and the toilet paper were in the shower room bathroom. RN/UM #1 stated, I don't know. The surveyor asked the RN/UM #1 should there be toilet paper and a toilet paper dispenser in the bathroom and the RN/ UM #1 stated Yes. On 5/29/2026 at 2:39 PM during an interview with the surveyor, the Director of Maintenance (DM) and Director of Housekeeping (DH) both confirmed that there should have been a toilet paper dispenser and toilet paper available for use in the shower room bathroom. On 6/1/2026 at 9:50 AM during an interview with the surveyor in the presence of the survey team, both the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON) were asked by Surveyor #2 if there should have been a toilet paper dispenser and toilet paper available for use on the first-floor and second-floor shower room bathrooms. Both the LNHA and the DON agreed that there should have been a toilet paper dispenser and toilet paper available in both bathrooms. A review of the facility's policy titled Reasonable Accommodation of Needs reviewed in November 2025, included the following under the Policy section: The facility will treat each resident with respect and dignity and will evaluate and make reasonable accommodations for the individual needs and preferences of a resident, except when the health and safety of the individual or other residents would be endangered. Under the Policy Explanation and Compliance Guidelines section, the following were included: 1.) The facility will make reasonable accommodations to individualize the resident's physical environment including their personal bathroom and bedroom and the common living areas (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2026
NAME OF PROVIDER OR SUPPLIER Preferred Care at Absecon		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 Pitney Road Absecon, NJ 08201	
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)		
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	within the facility . 3.) Facility staff shall make efforts to reasonably accommodate the needs and preferences of the resident as they make use of their physical environment. A review of the facility's policy titled Homelike Environment reviewed on 2/1/2026, included in the Policy section the following: Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible. Under the Procedure section, the following was included:1.) Staff provides person-centered care that emphasizes the residents' comfort, independence and personal needs and preferences. NJAC 8:39-31.4 (b)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2026
NAME OF PROVIDER OR SUPPLIER Preferred Care at Absecon		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 Pitney Road Absecon, NJ 08201	
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)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, review of medical records, and review of other facility documentation, it was determined that the facility failed to follow appropriate hand hygiene practices for: a.) 1 of 3 staff observed during the medication pass and b.) 2 of 2 staff observed for hand hygiene, to prevent the potential spread of infection in accordance with the Center for Disease Control and Prevention (CDC) guidelines and standards of clinical practice. This deficient practice was evidenced by the following: Reference: CDC (2024, February 27). Clinical Safety: Hand Hygiene for Healthcare Workers. Know when to wear (and change) gloves. Gloves are not a substitute for hand hygiene. If your task requires gloves, perform hand hygiene before donning gloves and touching the patient or the patient's surroundings. Always clean your hands after removing gloves. Remember to remove gloves carefully to prevent hand contamination as dirty gloves can soil hands. https://www.cdc.gov/clean-hands/hcp/clinical-safety/index.html Reference: CDC (2024, February 27). Clinical Safety: Hand Hygiene for Healthcare Workers. Know how to wash hands with soap and water. Wet hands with water. Apply the manufacturer's recommended amount of product to your hands. Rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and use disposable towels to dry. Use a towel to turn off the faucet. Avoid using hot water to prevent drying of the skin. Note: Other entities recommend cleaning hands with soap and water for at least 20 seconds. Either time is acceptable. The focus should be on cleaning your hands at the right times and scrubbing hands and fingers with soap. https://www.cdc.gov/clean-hands/hcp/clinical-safety/index.html 1.) On 5/28/2026 at 8:05 AM, Surveyor #1 observed Licensed Practical Nurse (LPN #1) during the medication pass with Resident #41. LPN #1 did not perform hand hygiene prior to removing medications from their original packaging. LPN #1 stated that the resident took their medications crushed. LPN #1 donned (put on) gloves without performing hand hygiene. Then LPN #1 mixed the contents of the capsulated medications with pudding and doffed (removed) their gloves. LPN #1 did not perform hand hygiene after doffing the gloves. The resident took their medications. LPN #1 was observed to wash their hands for a total of 15 seconds. On 5/28/2026 at 8:15 AM, the surveyor observed LPN #1 during the medication pass with Resident #59. LPN #1 removed the medications from the original packaging. LPN #1 stated that the resident took their medications crushed. LPN #1 donned gloves without performing hand hygiene. LPN #1 then mixed the contents of the capsulated medications with pudding and doffed their gloves. LPN #1 did not perform hand hygiene after doffing their gloves. The resident took their medications. LPN #1 then washed their hands for a total of 14 seconds. On 5/28/2026 at 8:23 AM, the surveyor observed LPN #1 during the medication pass with Resident #100. LPN #1 removed the medications from their original packaging. LPN #1 stated that the resident took their medications crushed. LPN #1 donned gloves without performing hand hygiene. LPN #1 mixed the contents of the capsulated medication and crushed tablets with pudding and doffed their gloves. LPN #1 did not perform hand hygiene after doffing their gloves. The resident took their (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2026
NAME OF PROVIDER OR SUPPLIER Preferred Care at Absecon		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 Pitney Road Absecon, NJ 08201	
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)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	medications. LPN #1 then washed their hands for a total of 10 seconds. On 6/1/2026 at 8:23 AM during an interview with the surveyor, the Director of Nursing (DON) stated that the facility process for Hand Hygiene included performing hand hygiene before wearing gloves and after taking them off. On 6/1/2026 at 11:42 AM during an interview with the surveyor, the Infection Preventionist (IP) stated that staff members were supposed to perform hand hygiene before and after putting on and removing their gloves. 2.) On 5/28/2026 at 12:38 PM, the surveyor, accompanied by Registered Nurse/Unit Manager (RN/UM #2), toured the [NAME] Hall Shower Room. At 12:43 PM, Certified Nursing Assistant (CNA #2) entered the shower room carrying a bag of soiled linen. After he placed the bag in the linen receptacle, he proceeded to wash his hands at the sink located in the shower room. After he washed his hands, the surveyor observed him dry his hands with a paper towel, then he used the same damp paper towel to turn the faucet off. At that time, the surveyor interviewed RN/UM #2, who stated that when handwashing, the faucet should be turned on, then get some soap, wet the hands, then begin scrubbing the hands, rinse, then grab a paper towel to dry the hands, then use that same paper towel to turn off the faucet. It was repeated back to her by the surveyor, and she confirmed that it was the process. RN/UM #2 failed to mention that a new paper towel should be obtained to turn the faucet off. On 5/28/2026 at 12:51 PM, the surveyor interviewed CNA #2, who explained that a new paper towel should be obtained to turn off the faucet. On 5/29/2026 at 9:06 AM, the surveyor observed CNA #3 washing her hands after she used her bare hands to remove soiled linen from Resident #3's bed, bagged it, then placed it in the linen receptacle. She washed her hands for 5 seconds, dried them with a paper towel, then used the same damp paper towel to turn off the faucet. CNA #3 then used that same paper towel to wipe her forehead, then discarded it. At that time, the surveyor interviewed CNA #3, who explained the handwashing process. She stated that the hands were wet, then get soap and rub the hands for 15- 20 seconds, rinse, then get a paper towel to dry the hands. She further stated that the paper towels were discarded, then a new paper towel should be used to turn off the faucet. On 5/29/2026 at 11:43 AM, the surveyor interviewed the Infection Preventionist (IP) who explained that when staff washed their hands, they should make sure paper towels were available before turning on the water. She added that they should turn on the water, wet their hands, lather with soap outside the water for at least 20 seconds, rinse their hands, grab paper towels to dry their hands, then (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2026
NAME OF PROVIDER OR SUPPLIER Preferred Care at Absecon		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 Pitney Road Absecon, NJ 08201	
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)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	use a new paper towel to turn off the faucet. On 6/1/2026 at 8:46 AM, the surveyor interviewed the Director of Nursing (DON), who stated that a new paper towel should be obtained to turn the faucet off. A review of the facility policy reviewed on August 1, 2025, titled Hand Hygiene included the following under Policy Explanation and Compliance Guidelines section: 5.) Hand hygiene technique when using soap and water: .c.) Rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers . f.) Use a clean towel to turn off the faucet. 6.) a.) The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves. N.J.A.C. 8:39-19.4(a)(n)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2026
NAME OF PROVIDER OR SUPPLIER Preferred Care at Absecon		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 Pitney Road Absecon, NJ 08201	
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)		
F 0917 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure each resident has 1) at least one window to the outside in a room; 2) a room at or above ground level; 3) adequate bedding; 4) furniture that meets the resident's needs; or 5) adequate closet space. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews, it was determined that the facility failed to ensure that each resident was provided with a clean and comfortable mattress. This deficient practice was identified for 1 of 30 residents reviewed (Resident #13) on 1 of 3 units ([NAME] Hall) and was evidenced by the following: On 5/29/2026 at 9:06 AM, Resident #13 was observed seated in a wheelchair in the common area. As per Certified Nursing Assistant (CNA #3), Resident #13 gave permission to enter their room. The surveyor and CNA #1 entered Resident #13's room to observe their bed alarm. The surveyor observed a small yellow stain on the resident's top sheet. CNA #3 stated that she was in the process of changing their linen. She stated that the residents' bed linens were stripped daily and proceeded to remove the bed linens with her bare hands. She then placed the soiled linens in a clear plastic bag. The resident's mattress was noted to be worn. There was a notable dip in the center, multiple rips on the left lateral side, and multiple brown discolored spots on various parts of the mattress. At that time, the surveyor interviewed CNA #3, who stated that Resident #13's mattress needed to be replaced. On 5/29/2026 at 9:26 AM, the surveyor interviewed Housekeeper (HK #1), who stated that the beds were already made when he got to work. He further stated that the mattresses were cleaned once per month. He added that if the mattresses needed to be deep cleaned before the next scheduled cleaning, the CNA would inform him. He stated that if the mattress was in poor condition, it would then be replaced. On 5/29/2026 at 9:51 AM, the surveyor interviewed the Director of Housekeeping (DH) who stated that the housekeepers were responsible for deep cleaning the mattresses once per month. At that time, the surveyor showed the DH the pictures of Resident #13's mattress. He immediately stated, Oh, that needs to be replaced. He added that if housekeeping identified it, they would inform maintenance so that it could be replaced right away. On 5/29/2026 at 11:33 AM, the surveyor attempted to interview Resident #13, however, their cognition was severely impaired. On 6/01/2026 at 8:46 AM, the surveyor interviewed the Director of Nursing (DON), who stated that the CNAs make the residents' beds, and at that time, the mattress should be inspected. She added that if the mattress was not intact, the CNA should notify the Unit Manager (UM). She added that the UM would then notify the maintenance department so the mattress could be replaced. She further stated that it was important that the mattresses were clean for infection control purposes, and that it was also important for it to be intact to prevent skin breakdown. The surveyor showed the DON pictures of Resident #13's mattress. She acknowledged the rips and brown-stained areas. She further stated that the mattresses should be maintained in good condition. On 6/1/2026 at 11:28 AM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA), who stated that they purchased plenty of mattresses and they should be maintained clean, intact, and in working condition. A review of the facility's Equipment Preventive Maintenance Program last reviewed 9/2024, included A Preventive Maintenance Program shall be developed and implemented to ensure the provision of a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. A review of the facility's Bed Inspection and Maintenance policy, reviewed 11/2025, did not include the frequency that the mattresses should be inspected. A review of the facility's Homelike Environment policy, reviewed 2/1/26, included Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible. NJAC 8:39-31.4 (c)		