STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315329	A. Building B. Wing	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oaks at Denville, The	21 Pocono Road Denville, NJ 07834

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 0726 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Note: The nursing home is disputing this citation.	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. Complaint #: 3008061 Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure a staff member, Unidentified Person (UP #1), who was providing resident direct care as a Certified Nursing Aide (CNA) was a.) certified as an nursing aide and b.) had the appropriate competencies and skills sets to provide resident care in a manner to assure resident safety and ensure each resident attained or maintained their highest practicable physical, mental, and psychosocial wellbeing. This deficient practice had the potential to affect all residents who resided on 2 of 3 nursing units. On 4/29/2026 at 6:36 PM, the Staffing Coordinator called Agency CNA #1 with the phone number listed on the online staffing agency platform seeking CNA coverage for 4/30/2026. The woman who answered the phone identified herself as Agency CNA #1 and informed the Staffing Coordinator that she was currently out on disability and not working. The Staffing Coordinator identified that Agency CNA #1 had worked at the facility the day before (4/28/2026), and she was currently signed in at the facility as working. The Staffing Coordinator called back Agency CNA #1, who stated that her sister had the same name as her, but spelled differently, and that her sister used Agency CNA #1's phone number on the online staffing agency. The facility indicated that they searched the online state registry and could not find a second license with Agency CNA #1's name spelled differently as her sister. UP #1 was immediately removed from her assignment and the local police came in to question her. Upon police questioning, it was identified that UP #1 was not certified and was posing as Agency CNA #1. An interview with the Staffing Coordinator on 5/18/2026, revealed that UP #1 had worked three shifts at the facility from 4/28/2026 through 4/29/2026, on two nursing units, and she rendered care on sixteen residents. The facility's failure to ensure all staff members who were providing direct resident care which included but was not limited to; bathing, mobility, ambulation, feeding assistance, toileting, showering, dressing, and transfers using a mechanical lift, had the appropriate certification, competencies, and skills sets needed to provide resident care. This posed the likelihood for serious harm, impairment, or death from an incompetent staff member rendering care. This resulted in an Immediate Jeopardy (IJ) situation which the immediacy ran from 4/28/2026 at 7:00 AM, when UP #1 began working as a CNA until 4/29/2026 at 7:30 PM, when UP #1 was removed from the nursing unit and the local police confirmed she was impersonating Agency CNA #1. The IJ was Past Non-Compliance (PNC). The facility's Administration was notified of the F 726 IJ and was provided with the IJ template on 5/18/2026 at 3:30 PM. The facility submitted an acceptable Removal Plan (RP) on 5/19/2026 at 12:16 PM. The facility was back in compliance when the facility addressed the situation by removing UP #1 from the nursing unit, calling the local police, conducting complete body checks and interviews of all residents who were provided care from UP #1, and implementing a new policy requiring two forms of identification be shown to the supervisor prior to working for all agency staff and all nursing staff were in-serviced on the policy. The survey team verified the completion of the Removal Plan, and that the facility self-corrected the deficient practice on 4/30/2026, during an on-site survey on 5/19/2026 at 12:20 PM. It was determined that the IJ was PNC. The evidence was as follows:A review of the facility's Temporary Contracted Staff Verification policy, dated effective 4/30/2026, included for (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

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F 0726 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Note: The nursing home is disputing this citation.	toileting, dressing, and stand lift transfers (medical device that helps a person move from one seated surface to another by bringing them to a supported standing position).Resident #20 which included bathing, toileting, dressing, and mechanical lift transfers.Resident #21 which included meal tray set up and toileting. On the 3:00 PM to 11:00 PM (3-11) shift on 4/29/2026, UP #1 provided direct care for: Resident #32 which included toileting.Resident #56 which included meal tray set up and toileting.Resident #74 which included meal tray set up and toileting.Resident #64 which included toileting.Resident #63 which included meal tray set up and toileting.Resident #50 which included meal tray set up and toileting.Resident #75 which included meal tray set up and toileting.Resident #18 which included meal tray set up. On 5/18/2026 at 3:26 PM, the surveyor met with the Licensed Nursing Home Administrator (LNHA) and DON to review concerns regarding UP#1. The DON revealed the staffing agency used their own identification card, clock in system, and that the facility did not complete a secondary identification check when agency staff entered the facility. The LHNA revealed that after the incident on 4/29/2026, the facility had updated their policy for agency staff to include providing a secondary identification check. The facility submitted an acceptable Removal Plan (RP) on 5/19/2026 at 12:16 PM, which indicated the action the facility would take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice which included UP #1 was immediately removed from the nursing unit, the local police were notified and came to the facility and verified UP #1 was impersonating Agency CNA #1. On 4/29/2026, the DON, Unit Manager, and Unit Nurse completed body assessments and resident interviews on all residents who were given care by the impersonator (UP #1) and the NJDOH was notified. UP #1 and Agency CNA #1 were reported to the Health Care Reporting Unit. On 4/30/2026, the facility implemented a new policy, Temporary Contracted Staff Verification, which required two forms of identification to be presented to the supervisor for all agency staff entering the building, and the Unit Manager began in-servicing all nursing staff on this policy. On 4/30/2026, a sign was put up near the time clock which indicated all agency staff were to report to management and present identification upon arrival. The facility self-corrected the deficient practice, and it was determined that the IJ was Past Non-Compliance (PNC), and that the facility corrected their non-compliance on 4/30/2026. The survey team verified the implementation of the Removal Plan during the continuation of the on-site on 5/19/2026. NJAC 8:39-27.1(a)