

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2025
NAME OF PROVIDER OR SUPPLIER Allaire Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Dutch Lane Road Freehold, NJ 07728	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to maintain sanitation in a safe and consistent manner to prevent food borne illness. This deficient practice was evidenced by the following: On 10/30/25 at 11:30 AM, during a tour of the first floor, with the Unit Manager (UM), the nourishment room was noted to be in disrepair. The cabinet doors were askew. The UM stated this had not been reported to Maintenance. [NAME] stains were noted on the grates of the ice maker, the UM stated that it was not always like this. The paper towel dispenser was empty, and the roll of paper towels were sitting on top of the refrigerator. The microwave had brown debris on the bottom. The UM stated she was not sure how often the microwave was cleaned, and the CNA or nurse cleans it if there was a mess. Paint chips and peeling paint noted around the soap dispenser. The surveyor brought the Director of Nursing (DON) to the pantry, and she stated the microwave needed to be cleaned, the paper towels should be in a dispenser and the cabinet doors should close. The surveyor interviewed the Director of Housekeeping, who stated the nourishment room is cleaned once a month by the porter and as needed if informed by the staff of a need. He also stated the grates on the ice maker are supposed to be cleaned when the room is cleaned. He further stated the room was cleaned at the beginning of the month. The DON also stated that the microwave was nobody's responsibility, but rather if it's dirty, clean it. Review of the Nourishment Room Cleaning Log, provided by the facility, revealed that the first-floor nourishment room was signed as being cleaned on 10/1/25. A review of the undated policy, [NAME] Cleaning Guidelines and Protocols, included: Nourishment rooms, to be cleaned in the first week of every month. Fill out audit sheet. N.J.A.C. 18:39-17.2(g)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 315387
		If continuation sheet Page 1 of 1