STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315387	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allaire Rehab & Nursing	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)
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to provided a safe, clean, and homelike environment for 1 of 4 floors and 1 of 1 resident (Resident # 119) reviewed under the Environmental Task. The deficient practice was evidenced by the following: On 05/21/2026 at 10:28 AM during the initial tour, the surveyor observed Resident # 119 in bed in his/her room. At that time, the surveyor observed an emptied, needleless, saline syringe left on top of his/her blanket. On 05/21/2026 at 10:38 AM during the initial tour, the surveyor observed a plastic drawer outside of room [ROOM NUMBER]. At that time, the surveyor observed a soiled paper towel inside the top drawer that contained personal protective gowns. On 05/28/2026 at 1:09 PM during an interview with the surveyor, the Licensed Nursing Home Administrator replied, No when asked if saline syringes should be left in the bed of a resident. A review of the facility policy titled, Quality of Life - Homelike Environment revised 01/2026 revealed under Policy Interpretation and Implementation that, 2. The facility staff and management shall 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 . N.J.A.C. S 8:39-31.4 (a)

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