

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

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

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>315387                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>05/29/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Allaire Rehab & Nursing                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>115 Dutch Lane Road<br>Freehold, NJ 07728 |                                                 |
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| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and policy review, it was determined that the facility failed to handle potentially hazardous food and maintain sanitation in a safe and consistent manner to prevent food borne illness. This deficient practice was evidenced by the following: On 05/21/2026 from 09:47 AM until 11:00 AM, the surveyor observed the following in the kitchen in the presence of the Food Service Director (FSD): 1. In the walk-in refrigerator three opened containers of chicken base were observed to have no opened or use-by date. The FSD indicated that the date observed on the item was the received date and further stated they should have an opened-on date as well. 2. In the walk-in refrigerator a metal container with a plastic cling wrap cover with ketchup written on the plastic. On the plastic wrap was a sticker label with a use-by date of 4/25/26. The FSD indicated that the item was improperly labeled. 3. In the walk-in refrigerator a clear plastic container with a plastic lid labeled as Tuna was labeled to be used by 5/16/26. The FSD stated the item was tuna salad and confirmed the item was past its use-by date. The FSD removed the item from the refrigerator. 4. In the walk-in refrigerator a clear plastic container with a plastic lid labeled as Egg was labeled to be used by 5/15/26. The FSD stated the item was egg salad and confirmed the item was past its use-by date. The FSD removed the item from the refrigerator. 5. In the walk-in refrigerator a metal container with a plastic cling wrap cover containing cookies with a use-by date of 5/18/26. 6. On a shelf at the food preparation station, an opened bag of barley wrapped in clear plastic wrap with no opened-on or use-by date. The FSD confirmed the item should have an opened date on it. 7. On a shelf at the food preparation station, an opened bag of dry pasta wrapped in clear plastic wrap was observed to have no opened-on or use-by date. The FSD confirmed the item should have an opened-on date. 8. On a shelf at the food preparation station, an opened bag of confectioner's sugar wrapped in clear plastic wrap was observed to have a use-by date of 5/10/26. The FSD indicated that the item was mislabeled. 9. In the dry storage room several boxes containing food items were observed stacked directly on the floor. The FSD stated they were from a recent delivery. 10. In the dry storage room an opened unlabeled bag of dry cereal was observed with no opened-on or use-by date. The FSD stated that the item was used during the morning's breakfast and confirmed the items should have an opened-on date. 11. On the clean/ready to use dishware rack a plastic container containing clear tulip dessert cups were observed to have brown spots on five of the tulip cups observed from the top of the container. The FSD removed the items from the rack. 12. A male facility staff member was observed pushing a cart from the loading dock through the kitchen with no beard or hair net. The FSD indicated that the maintenance elevator was down and that the staff member was retrieving items from the delivery. 13. A female facility staff member was observed pushing a cart with boxes from the loading dock through the kitchen with no hair net. On 05/21/2026 at 11:35 AM, during initial tour of the (continued on next page)</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | <p>facility a personal refrigerator in room [ROOM NUMBER] was observed to have no thermometer. On 05/27/2026 at 1:10 PM, during an interview the Licensed Nursing Home Administrator (LNHA) when asked if staff retrieving deliveries through the kitchen should have worn hair and/or beard nets responded yes. The LNHA further responded that it was necessary for infection prevention purposes. On 05/28/2026 at 9:22 AM, when asked if all resident personal refrigerators should have a thermometer the Director of Nursing (DON) responded yes. A review of the facility provided policy titled Labeling and Dating Food Items revealed under policy statement, All food items opened or removed from their original packaging with have a 'use by' date. A review of the facility provided policy titled Food Storage: Dry Goods, under procedures, number 4, All items will be stored on shelves at least 6 inches above the floor. The policy further stated under number 6, Storage areas will be neat, arranged for easy identification and date marked as appropriate. A review of the facility provided policy titled Food Storage: Cold Foods, under procedures, number 5, all foods will be stored wrapped or in covered containers, labeled and dated and arranged in a manner to prevent cross contamination. A review of the facility provided policy titled Resident Personal Refrigerators revealed under procedure, number 4, Refrigerators will contain a manual thermometer. NJAC 8:39-17.2(g)</p> |                                                                                        |                                                 |

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| F 0814<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | Dispose of garbage and refuse properly.<br><br>Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to provide a sanitary environment for residents, staff, and the public by failing to keep the facility designated garbage area free of trash and debris and failed to have a closed cover over the opening of 1 of 2 garbage containers. This deficient practice was evidenced by: On 05/21/2026 at 10:53 AM, the surveyor, accompanied by the Food Service Director (FSD), observed the facility's outdoor trash disposal area. The surveyor observed two garbage containers (GC) situated side by side outside of the facility. The surveyor observed one GC with an open lid which contained cardboard boxes exposed to the elements. On the same day and time, when asked if the lids should be open on the GC, the FSD responded that they should be closed and further indicated that an employee was probably coming back to load more and that was why it was not closed. The surveyor did not observe any additional employees in the outside trash disposal area at that time. On 05/27/2026 at 1:10 PM, when asked about proper garbage/refuse disposal, the Licensed Nursing Home Administrator (LNHA) stated, both lids on the GC should be closed. The LNHA further responded that this was necessary for infection prevention purposes. Review of the facility provided policy titled, Dispose of Garbage and Refuse revealed under procedures, Appropriate lids are provided for all containers NJAC 8:39-19.3(c) |                                                                                        |                                                 |

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| <p>F 0638</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>Based on interview and record review, it was determined that the facility failed to complete the Quarterly Minimum Data Set assessment in a timely manner for 6 residents. This deficient practice was identified for 6 of 8 Residents (Residents #45,81,139,141,142 and #148) reviewed for Resident Assessment and was evidenced by the following: Resident #45 was admitted with diagnoses that included but were not limited to nontraumatic subarachnoid hemorrhage. On 05/28/2026, the surveyor reviewed the electronic medical record (EMR) for resident #45. The Quarterly Minimum Data Set (QMDS), an assessment tool completed every 3 months, revealed an Assessment Reference Date (ARD), a date used as the last day of a look-back period, of 04/3/2026. The EMR revealed that the QMDS for Resident #45 had been completed on 04/25/2026, 8 days late. Resident #81 was admitted with diagnoses that included but was not limited to quadriplegia (a condition that causes partial or total loss of all 4 limbs and the torso). On 05/28/2026, the surveyor reviewed the EMR for Resident #81. The QMDS revealed an ARD of 04/05/2026. The EMR revealed that the QMDS for Resident #81 had been completed on 04/25/2026, 6 days late. Resident #139 was admitted with diagnoses that included but was not limited to spastic quadriplegic cerebral palsy (a condition that affects muscles and movement due to increased muscle tone and stiffness). On 05/28/2026, the surveyor reviewed the EMR for Resident #139. The QMDS revealed an ARD of 04/05/2026. The EMR revealed that the QMDS for Resident #139 had been completed on 04/25/2026, 6 days late. Resident #141 was admitted with diagnoses that included but was not limited to intracranial injury (brain injury). On 05/28/2026, the surveyor reviewed the EMR for Resident #141. The QMDS revealed an ARD of 04/03/2026. The EMR revealed that the QMDS for Resident #141 had been completed on 04/25/2026, 8 days late. Resident #142 was admitted with diagnoses that included but was not limited to traumatic subdural hemorrhage (bleeding in the brain). On 05/28/2026, the surveyor reviewed the EMR for Resident #142. The QMDS revealed an ARD of 04/02/2026. The EMR revealed that the QMDS for Resident #142 had been completed on 04/25/2026, 9 days late. Resident #148 was admitted with diagnoses that included but was not limited to traumatic subdural hemorrhage (bleeding in the brain). On 05/28/2026, the surveyor reviewed the EMR for Resident #148. The QMDS revealed an ARD of 04/04/2026. The EMR revealed that the QMDS for Resident #148 had been completed on 04/25/2026, 7 days late. During an interview with the surveyor on 05/28/2026 at 10:59AM, the MDS Coordinator acknowledged that the QMDS's for Residents #45,81,139,141,142 and #148 were completed late. She stated it is important to have the MDS completed on time to be sure the residents are being assessed according to regulation and care plans are updated properly. Review of the facility provided policy titled Resident assessment Instrument/ MDS revealed that, The MDS Coordinator is responsible for ensuring timely resident assessments and review. NJAC 8:39-11.1</p> |                                                                                        |                                                 |

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| <p>F 0759</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on observation, interview and record review, it was determined that the facility failed to administer medication with an error rate of less than 5%. The surveyor observed 3 nurses administer medications for 5 residents, errors were observed for 2 of 5 residents (Resident #37 and Resident #109). There were 25 opportunities for error with 11 errors observed resulting in an error rate of 44% as evidenced by the following: During the medication pass observation on 5/22/26 from 10:01 AM until 10:24 AM, the surveyor observed the following: At 10:01 AM, the surveyor observed Licensed Practical Nurse #1 (LPN #1) prepare 10 medications for Resident #109, they were as follows: Vascepa 1GM (gram) capsule, give two capsules by mouth two times a day; scheduled for 8:00 AM and 5:00 PM. Keppra 1000 mg (milligram) tablet, give one tablet by mouth two times a day; scheduled for 8:00 AM and 5:00 PM. Metformin 500 mg tablet, give one tablet by mouth one time a day administer with meals; scheduled for 8:00 AM. Metoprolol tartrate 25 mg tablet, give 0.5 tablet (12.5 mg) by mouth two times a day, give with meals; scheduled for 8:00 AM and 5:00 PM. Aspirin 81 mg oral tablet chewable, give one tablet by mouth in the morning; scheduled for 9:00 AM. Cholecalciferol 1000 unit tablet, give one tablet by mouth one time a day; scheduled for 9:00 AM. Colace 100 mg capsule, give two capsules by mouth in the morning; scheduled for 9:00 AM. Cyanocobalamin 1000 mcg tablet, give one tablet by mouth one time a day; scheduled 9:00 AM. Escitalopram 10 mg tablet, give one tablet by mouth in the morning; scheduled for 9:00 AM. Furosemide 40 mg tablet, give one tablet by mouth in the morning; scheduled for 9:00 AM. A review of the Medication Admin Audit Report for 5/22/2026 revealed the ten medications were given later than their scheduled administration time. The administration times were as follows: Vascepa 1GM (gram) capsule, give two capsules by mouth two times a day; scheduled for 8:00 AM and administered at 11:31 AM. Keppra 1000 mg (milligram) tablet, give one tablet by mouth two times a day; scheduled for 8:00 AM and administered at 11:31 AM. Metformin 500 mg tablet, give one tablet by mouth one time a day administer with meals; scheduled for 8:00 AM and administered at 11:31 AM. Metoprolol tartrate 25 mg tablet, give 0.5 tablet (12.5 mg) by mouth two times a day, give with meals; scheduled for 8:00 AM and administered at 11:31 AM. Aspirin 81 mg oral tablet chewable, give one tablet by mouth in the morning; scheduled for 9:00 AM and administered at 11:31 AM. Cholecalciferol 1000 unit tablet, give one tablet by mouth one time a day; scheduled for 9:00 AM and administered at 11:31 AM. Colace 100 mg capsule, give two capsules by mouth in the morning; scheduled for 9:00 AM and administered at 11:31 AM. Cyanocobalamin 1000 mcg tablet, give one tablet by mouth one time a day; scheduled 9:00 AM and administered at 11:31 AM. Escitalopram 10 mg tablet, give one tablet by mouth in the morning; scheduled for 9:00 AM and administered at 11:31 AM. Furosemide 40 mg tablet, give one tablet by mouth in the morning; scheduled for 9:00 AM and administered at 11:31 AM. On 5/22/2026 at 10:24 AM, the surveyor interviewed LPN #1 who acknowledged she should have followed the physician's order and administered the medications that needed to be given with food as directed. She further confirmed the medications were given late and stated she had an allowable time of up to one hour before and one hour after the scheduled administration time to give the medication. On 5/22/26 at 10:53 AM, the surveyor interviewed the Director of Nursing (DON) who stated LPN #1 should have followed the physician's orders and given the medications that required it with food. The DON further acknowledged the medications for Resident #109 had been administered late, more than one hour past the administration time. During the medication pass observation on 5/26/26 from 10:44 AM until 11:00 AM, the surveyor observed the following: At 10:57 AM, the surveyor observed LPN #2 prepare medications for Resident #37, they were as follows: Calcium and Vitamin D 500 mg/200 unit tablet, give one tablet orally two times a (continued on next page)</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>315387                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>05/29/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Allaire Rehab & Nursing                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>115 Dutch Lane Road<br>Freehold, NJ 07728 |                                                 |
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| F 0759<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | day. Scheduled for 8:00 AM and 5:00 PM. (unavailable).Sertraline 50 mg tablet, give one tablet by<br>mouth in the morning; scheduled for 9:00 AM.Vitamin D 50 mcg (microgram) capsule, give one capsule<br>by mouth one time a day; scheduled for 9:00 AM.A review of the Medication Admin Audit Report for<br>5/26/2026 revealed the two medications were given later than their scheduled administration time.<br>The administration times were as follows:Sertraline 50 mg tablet, give one tablet by mouth in the<br>morning; scheduled for 9:00 AM and administered at 10:56 AM.Vitamin D 50 mcg (microgram) capsule,<br>give one capsule by mouth one time a day; scheduled for 9:00 AM and administered at 10:57 AM.On<br>5/26/26 at 10:57 AM, LPN #2 acknowledged the two medications were given late.On 5/28/2026 at<br>10:16 AM the surveyor reinterviewed the DON who stated medications should be given at their<br>scheduled time and are given an allowance to administer medications one hour before and one hour<br>after the scheduled time. A review of the facility's Administering Medication policy reviewed/revised<br>12/2025 included Medications must be administered in accordance with the orders, including any<br>required time frames. Medications must be administered within one hour of their prescribed time,<br>unless otherwise specified (for example, before and after meal orders).NJAC 8:39-29.2(d) |                                                                                        |                                                 |

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| F 0584<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 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)</p> |                                                                                        |                                                 |

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| F 0605<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on observation, interview, record review, and review of pertinent facility documents it was determined that the facility did not ensure a residents medication regimen was free from unnecessary psychotropic medications. Specifically, a psychotropic medication ordered for an extended duration lacked a documented clinical rationale in the resident's record. The deficient practice was identified for 1 of 5 residents (Resident #1) reviewed for unnecessary medications. This deficient practice was evidenced by the following: 05/21/2026 at 9:50 AM, the surveyor observed Resident #1 speaking loudly and appearing upset regarding his/her breakfast tray. Staff intervened immediately. The surveyor reviewed Resident #1's medical record which reflected that the resident had diagnoses which included anxiety and depression. The admission Minimum Data Set, an assessment tool, dated 12/19/2025 reflected that Resident #1 had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated that the resident was cognitively intact. A review of the physician orders for Resident # 1 reflected orders dated 12/01/2025, 03/04/2026, and 03/12/2026 for the resident to receive alprazolam (an antianxiety) 0.5 milligrams as needed for anxiety. The surveyor did not observe a stop date or a duration for the alprazolam. Further review of Resident #1's electronic medical record (EMR) did not reveal any documented rationale for ordering alprazolam as needed with no duration specified. On 05/27/2026 at 1:29 PM, during an interview with the surveyor, the Director of Nursing (DON) stated that as needed psychoactive medications should be scheduled for 14 or 30 days. She furthered that there should be documentation in the resident's chart regarding the duration. On 05/28/2026 at 9:20 AM, during an interview with the surveyor, the DON stated that the provider did not place a note in Resident # 1's chart regarding the duration of the alprazolam. A review of the facility policy titled, Psychoactive Drug Reduction revised 10/25 reflected that PRN orders for psychotropic medications are limited to 14 days, must be deemed medically necessary, and require documentation in the medication record for indication of use. N.J.A.C. 8:39-27.1(a)</p> |                                                                                        |                                                 |

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| F 0628<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on interview, record review, and review of other facility documentation it was determined that the facility failed to notify the Long-Term Care Ombudsman when a resident was transferred to an acute care hospital. The deficient practice was identified for 1 of 1 (resident # 161) resident reviewed for hospitalization. The deficient practice was evidenced by the following: A review of Resident # 161's diagnoses located in the medical record revealed diagnosis of but not limited to neurofibromatosis (a group of genetic disorders that cause benign (non-cancerous) tumors to grow on nerves throughout the body) and moderate protein calorie malnutrition. A review of the progress notes located in the medical record revealed that on 04/02/2026 Resident # 161 complained of abdominal pain. He/She refused all vitals and all as-needed medications. The provider was notified and did not prescribed any new orders. Resident # 161 called 911 themselves and was transferred approximately 8:45 AM. A review of the Minimum Data Set (MDS; an assessment tool) located in the electronic medical record was updated with a discharge MDS on 4/2/2026 with return anticipated. On 05/26/2026 at 10:30 AM, the surveyor requested from the facility evidence that the Long-Term Care Ombudsman (LTCO) was notified of Resident # 161's transfer to the hospital and discharge. On 05/27/2026 10:50 AM, During an interview with the surveyor, the Senior Regional Nurse of Clinical Compliance informed the surveyor that the facility did not complete the notification to the LTCO. On 05/27/2026 at 1:09 PM, the surveyor asked that when a resident is discharged to the hospital under a medical emergency and is since discharged , does the Long-Term Care Ombudsman have to be notified. The Licensed Nursing Home Administrator replied, Yes. A review of the facility policy titled, Transfer or Discharge Notice revised 1/2026 revealed that, 4. Notification of unplanned discharges will be sent to the Office of the State Long-Term Care Ombudsman, in the format preferred by the Ombudsman. N.J.A.C. S 8:39-4.1</p> |                                                                                        |                                                 |

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| F 0636<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>Based on interview and record review, it was determined that the facility failed to complete the Annual Minimum Data Set (MDS), a periodic and federally mandated, standardized assessment tool, within the required time frame. This deficient practice was identified for 1 of 8 residents (Residents #91) reviewed for timing of assessments and was evidenced by the following: The Centers for Medicare and Medicaid (CMS) Resident Assessment Instrument (RAI) Version 3.0 Manual indicates that at a minimum, facilities are required to complete a comprehensive assessment for each resident not less than once every 12 months while a resident, where 12 months refers to a period within 366 days. This deficient practice was evidenced by the following: Resident #91 was admitted with diagnoses that included but were not limited to injury to the thoracic spinal cord. On 05/28/2026, the surveyor reviewed the electronic medical record (EMR) for resident # 91. The Annual Minimum Data Set (AMDS), an assessment tool completed every 12 months, revealed an Assessment Reference Date (ARD), a date used as the last day of a look-back period, of 04/2/2026. The EMR revealed that the AMDS for Resident #91 had been completed on 04/25/2026, 8 days late. During an interview with the surveyor on 05/28/2026 at 10:59AM, the MDS Coordinator acknowledged that the AMDS's for Resident #91 was completed late. She stated it was important to have the MDS completed on time to be sure the residents were being assessed according to regulation and care plans were updated properly. Review of the facility provided policy titled Resident assessment Instrument/ MDS revealed that, The MDS Coordinator is responsible for ensuring timely resident assessments and review. NJAC 8:39-11.2 (e)</p> |                                                                                        |                                                 |

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| F 0656<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to develop a comprehensive care plan to address an anticoagulant (a blood thinner) medication for 1 of 32 residents (Resident #1) reviewed. The deficient practice was evidenced by the following: On 05/21/2026 at 9:50 AM, the surveyor observed Resident #1 speaking loudly and appearing upset regarding his/her breakfast tray. Staff intervened immediately. The surveyor reviewed Resident #1's medical record which reflected that the resident had a diagnosis which included atrial fibrillation. A review of the physician orders for Resident #1 reflected an order dated 12/01/2025 for the resident to receive Eliquis (an anticoagulant). The admission Minimum Data Set, an assessment tool, dated 12/19/2025 reflected that Resident #1 received an anticoagulant daily. The surveyor reviewed the resident's care plans which revealed there was no care plan developed to address the anticoagulant medication which was initiated on 12/01/2025. On 5/27/2026 at 1:29 PM, the surveyor interviewed the Director of Nursing who said the anticoagulant medication should be included in the care plan. A review of facility provided policy titled, Care Plans-Comprehensive, Person Centered , with a revised date of 02/2026 reflected a comprehensive person centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. NJAC 8:39-27.1(a)</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>315387                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>05/29/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Allaire Rehab & Nursing                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>115 Dutch Lane Road<br>Freehold, NJ 07728 |                                                 |
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| <p>F 0657</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to revise a resident's comprehensive care plan to include indwelling urinary catheter. This deficient practice was identified for 1 of 29 residents reviewed for resident-centered care plans (Resident #124), and was evidenced by the following: On 05/21/2026 at 11:35 AM, during initial tour, Resident #124 was observed lying in his/her bed while family visited. At this time Resident #124's family stated that the resident recently had an indwelling catheter placed. On 05/26/2026 at 9:38 AM, during follow up with Resident #124 the surveyor was informed by the Assistant Director of Nursing (ADON) that the resident had been admitted to the hospital with diagnoses that included urinary tract infection (UTI). A review of Resident #124's Electronic Medical Record (EMR) revealed that Resident #124 was admitted with diagnosis of but not limited to; acute cystitis (a sudden bladder infection causing pain and frequent urination), retention of urine (inability to empty bladder fully), and neuromuscular dysfunction of bladder (nerve and muscle issues causing bladder control problems). A review of Resident #124 EMR under physician's orders revealed orders that included insert indwelling catheter now with an order date of 5/10/2026 and 16F indwelling catheter for urinary retention with an order date of 05/11/2026. A review of Resident #124 resident-centered care plan reflected that this resident had an external catheter at times related to assistance with personal needs. Use of an indwelling urinary catheter was not reflected in Resident #124's resident-centered care plan. On 05/27/2026 at 1:10 PM, during an interview with the surveyor, the Director of Nursing (DON) revealed that a resident's care plan should be updated with any change and during care plan meetings. The DON further confirmed that residents with indwelling urinary catheters should be care planned for an indwelling urinary catheter. The DON further revealed that this was necessary to ensure continuation of care to make sure documentation was up to date. A review of the facility provided policy titled Care Plans, Comprehensive, Person-Centered revealed under Policy Interpretation and Implementation, under number 13., Assessments of residents are ongoing, and care plans are revised as information about the residents and the residents' conditions change. NJAC 8:39-11.2</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>315387                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>05/29/2026 |
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| F 0756<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>Based on observation, interview, record review and review of other facility documentation, it was determined that the facility failed to follow the recommendation identified by the Consultant Pharmacist. This deficient practice was identified for 1 of 5 Residents (Resident #1) reviewed for unnecessary medications, psychotropic medications, and medication regimen review and was evidenced by the following: 05/21/2026 9:50 AM, the surveyor observed Resident #1 speaking loudly and appearing upset regarding his/her breakfast tray. Staff intervened immediately. The surveyor reviewed Resident #1's medical record which reflected that the resident had diagnoses which included anxiety and depression. The admission Minimum Data Set, an assessment tool, dated 12/19/2025 reflected that Resident #1 had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated that the resident was cognitively intact. A review of the Consultant Pharmacist's Monthly Report dated 02/01/2026 and 03/03/2026, indicated that a duration must be specified for as needed psychoactive medications. The first order is limited to only 14 days, but if rationale documented by prescriber to continue order, then next duration maybe for longer, ie 30,60, or 90 days. Please update order for alprazolam per Center for Medicare and Medicaid Services regulations. A review of the physician orders for Resident # 1 reflected orders dated 12/01/2025, 03/04/2026, and 03/12/2026 for the resident to receive alprazolam (an antianxiety) 0.5 milligrams as needed for anxiety. The surveyor did not observe a stop date or a duration for the alprazolam. Further review of Resident #1's EMR did not reveal any documented rationale for ordering alprazolam as needed with no duration specified. On 05/28/2026 at 9:20 AM, the Director of Nursing (DON) stated that the monthly pharmacist recommendations should have been completed within one to two weeks. She furthered that the nurses could not get ahold of the providers. A review of the facility provided policy titled, Pharmacy Consultant Policy and Procedure, revised on 10/2025 reflected that the pharmacist will report any irregularities to the attending physician and the DON and these reports must be acted upon in a timely manner. NJAC 8:39 - 29.3</p> |                                                                                        |                                                 |

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| <p>F 0757</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>Based on observation, interview, and review of pertinent documents, it was determined that the facility failed to a.) ensure residents were free from unnecessary medications and b.) medications were administered in accordance with a physician's orders. This deficient practice was identified for 1 of 5 residents (Resident #7) reviewed for unnecessary medication use. On 5/21/2026 at 11:51 AM, the surveyor observed Resident #7 in their room, with the lights off and resting. The surveyor reviewed the medical record for Resident #7. A review of the admission Record face sheet reflected the resident was admitted to the facility in April of 2025 with diagnoses which included paraplegia (the partial or complete paralysis of the lower half of the body), major depressive disorder, and hypotension (low blood pressure). A review of the Medication Review report dated on or after 4/1/2026 included the following order: Midodrine 5 mg (milligram) tablet, give one tablet by mouth two times a day (8:00 AM and 5:00 PM) for hypotension. Hold for SBP (systolic blood pressure) greater than 90. A review of the corresponding Medication Administration Record (MAR) for May 2026 revealed the medication was administered outside the Hold parameters on 16 out of 49 scheduled administration times. The dates and times were as follows: 5/1/2026 5:00 PM; BP 91/54/2/2026 8:00 AM; 97/60/5/3/2026 5:00 PM; 101/68/5/4/2026 8:00 AM; 112/64/5/6/2026 8:00 AM; 101/68/5/7/2026 5:00 PM; 118/72/5/8/2026 8:00 AM; 123/72 and 5:00 PM; 121/79/5/10/2026 5:00 PM; 100/66/5/11/2026 8:00 AM; 123/65/5/12/2026 8:00 AM; 112/78 and 5:00 PM; 118/78/5/13/2026 8:00 AM; 107/67 5/14/2026 8:00 AM; 116/57/5/20/2026 5:00 PM; 118/68/5/24/2026 5:00 PM; 118/70 On 5/27/2026 at 1:34 PM, the surveyor interviewed the Director of Nursing (DON) who stated the nurses should be following the physician's orders including the parameters for holding the medications. A review of the facility's Administering Medications policy dated reviewed/revised 9/2025 included The following information must be checked/verified for each resident prior to administering medications: Vital signs, if necessary, per physician's order. NJAC 8:39-29.2(d)</p> |                                                                                        |                                                 |

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| F 0761<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, interview, and review of facility documents, it was determined that the facility failed to ensure medication carts were kept clean, orderly, and free of loose medications. The deficient practice was identified for 2 of 4 medication carts reviewed under the Medication Storage task. The deficient practice was evidenced by the following: On 05/21/2026 at 11:54 AM, while inspecting the 1 South medication cart, the surveyor found 13 loose, unidentified tablets and pills located in the drawers. The surveyor also observed a card containing medication located behind the drawers out of reach. On 05/27/2026 at 10:24 AM while inspecting the Annex medication cart, the surveyor observed that the bottom drawer contained prescription inhalants, pain-relief patches, and cartons of nutritional formula amongst one another and not organized and separated by administration route. The surveyor also observed that the top drawer handle was broken exposing jagged plastic. On 05/27/2026 at 1:09 PM, the surveyor informed the Licensed Nursing Home Administrator of the medication cart findings. A review of the facility policy titled, Storage of Medications revealed that It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. and that, 3. External Products: Disinfectants and drugs for external use are stored separately from internal and injectable medications. The policy also revealed that, 4. Internal Products: Medications to be administered by mouth are stored separately from other formulations (i.e., eye drops, ear drops, injectable). N.J.A.C. S 8:39-29.4 (h)</p> |                                                                                        |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, interviews, record review and other pertinent facility documents, it was determined that the facility failed to use appropriate infection control a.) respiratory device tubing, masks, and mouthpiece were stored in protective coverings between uses identified for 1 of 2 residents (Resident #108) reviewed for respiratory care, b.) perform central line dressing changes, identified for 1 of 1 residents (Resident #119) reviewed for antibiotic use. This deficient practice was evidenced by the following: On 5/21/2026 at 12:27 PM, during initial tour, the surveyor observed Resident #108's nebulizer on the bedside table. At that time the surveyor observed the tubing to the nebulizer leading behind the bedside table. A review of Resident #108's Electronic Medical Record (EMR) revealed diagnosis of but not limited to; Chronic Respiratory Failure with hypoxia (Long-term lung inability to provide enough oxygen, causing low oxygen levels), Pneumonia (an infection in the lungs that can cause difficulty breathing) and encounter for attention to tracheostomy (a surgical opening in the neck to provide an airway to breathe). A review of Resident #108's EMR under physician's orders revealed an order to change nebulizer set weekly on Wednesday night shift initiated on 04/15/2026. On 05/21/2026 a 12:40 PM, in the presence of the surveyor, the Assistant Director of Nursing (ADON) retrieved Resident #108's nebulizer administration T piece from behind the resident's bedside table. When asked if that was how a nebulizer should be stored, the ADON responded that the T piece should be stored in a dated plastic bag when not in use. On 5/21/2026 at 12:27 PM, during initial tour, Resident #119 was observed lying in bed receiving intravenous antibiotics. At that time Resident #119 told the surveyor that the dressing to their Peripherally Inserted Central Catheter (PICC) had not been changed since the resident had returned from the hospital. On the same day at 12:40 PM, the surveyor asked the Assistant Director of Nursing (ADON) if she could verify the date on Resident #119's PICC dressing. The ADON revealed the dressing was dated 04/29/2026. The ADON responded absolutely when asked if Resident #119's dressing should have been changed. A review of Resident #119's EMR revealed diagnosis which included but not limited to; carrier of carbapenem-resistant Acinetobacter baumannii (a bacteria resistant to most antibiotics), pressure ulcer of the sacral region (skin breakdown from prolonged pressure on lower back area) and sepsis (Severe body response to infection causing organ dysfunction). A review of Resident #119's EMR revealed under physician orders, an order for Vancomycin HCl Intravenous Solution 1250MG/250ML (Vancomycin HCl), use 1250 mg intravenously every 12 hours for osteomyelitis (an infection of the bone) with a start date of 05/07/2026, Monitor PICC site every shift for infection, line fracture, breakage, dislodgement, pain or swelling every shift for monitoring with a start date of 04/30/2026 and Biopatch Protective Disk/CHG External Miscellaneous (Chlorhexidine Gluconate) Apply to PICC line dressing topically every day shift every Fri for PICC line care Change PICC line dressing every 7 days. Label dressing with date, time, and nurse's initials with a start date of 05/15/2026. A review of Resident #119's quarterly Minimum Data Set (MDS; an assessment tool) revealed that Resident #119 had a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating Resident #119 was cognitively intact. Further review of the MDS revealed under Section O that Resident #119 was receiving intravenous medications and that Resident #119 had intravenous access. On 05/27/2026 at 12:34 PM, during an interview with the surveyor the Infection Preventionist (IP) responded every 7 days, when asked how often central line, including PICC dressings should be changed. The IP confirmed that Resident #119's dressing should have been changed. The IP further stated this was necessary because it was best practice for infection control. A review of Resident #119's resident-centered care plan revealed that Resident #119 had a focus of Potential for (continued on next page)</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>315387                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>05/29/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Allaire Rehab & Nursing                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>115 Dutch Lane Road<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        |                                                 |
| F 0880<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | complications at IV insertion site: right upper arm PICC revised on 05/11/2026 with an intervention to change IV site dressing per physician order and as need if soiled or wet initiated on 01/30/2026.A review of the facility provided policy titled Nebulizer Administration under General Guidelines number 18, section a. Date and place supplies in a treatment bag.A review of the facility provided policy titled Midline/Central Line Dressing Changes under General Guidelines number 1, change midline catheter dressing 24 hours after insertion, every 5-7 days or if it is wet, dirty, not intact, or compromised in any way. N.J.A.C. 8:39-19.4(a) |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>315387                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>05/29/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Allaire Rehab & Nursing                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>115 Dutch Lane Road<br>Freehold, NJ 07728 |                                                 |
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| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                        |                                                 |
| F 0924<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Put firmly secured handrails on each side of hallways.<br><br>Based on observation and interview, it was determined that the facility failed to maintain the physical environment in a safe condition by failing to ensure that a corridor handrail was firmly secured to the wall. The deficient practice was identified for 1 of 4 floors. The deficient practice was evidenced by the following: On 05/21/2026 at 10:43 AM, during the initial tour while on the first floor, the surveyor observed a portion of the wall adjacent to the elevator missing a handrail. The surveyor observed dry-wall exposed where a previous handrail may have been secured. On 05/27/2026 at 1:09 PM, the surveyor informed the Licensed Nursing Home Administrator (LNHA) of the finding. The LNHA said that the handrail became dislodged and maintenance was working to install it. A review of the facility provided policy titled, Maintenance Services Policy revealed that, a. Maintaining the building in compliance with current federal, state, & local laws, regulations, and guidelines. N.J.A.C. S 8:39-31.2 (e) |                                                                                        |                                                 |