STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315140	A. BUILDING _____ B. WING _____	C 04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFRONT REHABILITATION AND HEALTHCARE CENTER	**633 STATE ROUTE 28 RARITAN, NJ 08869**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint #: NJ00185469 Survey Dates: 4/23/25 Census: 128 Sample Size: 5 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential	F 842		6/4/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/02/2025

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315140	A. BUILDING _____ B. WING _____	C 04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFRONT REHABILITATION AND HEALTHCARE CENTER	**633 STATE ROUTE 28 RARITAN, NJ 08869**

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F 842	Continued From page 1 all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;	F 842		

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	315140	A. BUILDING _____ B. WING _____	C 04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFRONT REHABILITATION AND HEALTHCARE CENTER	**633 STATE ROUTE 28 RARITAN, NJ 08869**

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F 842	Continued From page 2 (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on observation, interview, medical record review, and review of other pertinent facility documentation on 4/22/25 and 4/23/2025, it was determined that the facility staff failed to a.) consistently document in the "Documentation Survey Report v2" (DSR) and b.) follow the facility's "Charting and Documentation" policy. This deficient practice was identified for 1 of 3 residents (Resident #4) reviewed for documentation. This deficient practice was evidenced by the following: On 4/22/25, at 11:38 A.M., the surveyor observed Resident #4 seated in a wheelchair at the bedside. During interview the resident denied having any care issues at that time. According to the "Admission Record," Resident #4 was admitted with the following diagnoses, that were not limited to: NJ Exec Order 26.4b1 [redacted]. The resident's quarterly MDS, dated NJ Exec Order 26.4b1 revealed a BIMS of NJ Ex out of 15 which indicated the resident was NJ Exec Order 26.4b1 . Review of Resident #4's care plan, revealed that the resident had an 'NJ Exec Order 26.4b1 [redacted]" focus that was initiated on NJ Exec Order 26.4b	F 842	1) How the corrective action will be accomplished for those residents found to have been affected by the deficient practice. The facility met with resident #4 to ensure all ADL care was provided as scheduled on ADL record. The nurses and nursing assistants of resident #4 were educated on the performance and documentation of Activities of Daily Living on the electronic ADL record 2) How the facility will identify other residents having the potential to be affected by the same deficient practice. The facility recognizes that all residents have the potential to be affected by this deficient practice 3) What measures will be put into place or systematic changes to ensure that the deficient practice would not recur The facility Director of Nursing or designee will provide education to all Nurses and Nursing Assistants on completion and documenting of all	

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	315140	A. BUILDING _____ B. WING _____	C 04/23/2025

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F 842	Continued From page 3 Review of Resident #4's [NJ Exec Ord] revealed blank boxes related to the type of assistance that was provided to the resident on the following dates indicated: - [NJ Exec Order 26.] Day shift (7 A.M. to 3 P.M) - [NJ Exec Order 26.] Day shift (7 A.M. to 3 P.M) & Night Shift (11 P.M. to 7 A.M.) [NJ Exec Order 26.4] Day shift (7 A.M. to 3 P.M) On 4/22/25, at 1:32 P.M., an interview was conducted with a [US FOIA (b)(6)], who stated that all Assisted Daily Living (ADL) care for each resident was to be documented by CNAs in the facility's electronic system and that there should be no blanks. She further added that if a resident was assigned to her, she was responsible for providing and documenting all care. The [US FOIA (b)] then stated, "But not everyone is perfect." On 4/23/25, at 12:11 P.M., an interview was conducted with the [US FOIA (b)(6)] who stated that CNAs were primarily responsible for providing and documenting all care in the facility's electronic system and that it was the nursing supervisor's responsibility to ensure that documentation was completed. She stated that this was important because blanks could mean that the care was not provided. On 4/23/25, at 1:40 P.M., an interview was conducted with the [US FOIA (b)(6)] and the [US FOIA (b)(6)], who stated that CNAs were primarily responsible for documenting all care provided to a resident in the facility's electronic system. They further added that nursing management was responsible for ensuring that documentation was completed and	F 842	resident Activities of Daily Living completed in the electronic ADL record 4) How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic change The facility Director of Nursing or designee will audit resident electronic ADL records weekly for three months and then monthly for three months on different shifts to ensure ADLs are being completed and documented as appropriate on the ADL electronic record The Director of Nursing or designee will present the findings of the audits and review trends and needed follow up in the two facility Quarterly Quality Assurance Performance Improvement Meetings	

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	315140	A. BUILDING _____ B. WING _____	C 04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFRONT REHABILITATION AND HEALTHCARE CENTER	**633 STATE ROUTE 28 RARITAN, NJ 08869**

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F 842	Continued From page 4 that it was their expectation that there should be no blanks in the system. The surveyor reviewed the facility's "Charting and Documentation" policy, reviewed March 2025, which revealed that all services provided to a resident were to be documented in the medical record. Under the "Policy Interpretation and Implementation" section, the policy noted that documentation was to be complete and accurate. NJAC 8:39-27.1(a)	F 842		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061809	A. BUILDING: _____ B. WING _____	C 04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFRONT REHABILITATION AND HEALTH	633 STATE ROUTE 28 RARITAN, NJ 08869

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S 000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 14 day shifts. The deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which	S 560	1) How the corrective action will be accomplished for those residents found to have been affected by the deficient practice. All efforts to hire facility Certified Nursing Aide(s) C.N.A will continue until there is adequate staff to serve all residents. Until that time, the facility will utilize staffing agencies, offer overtime shifts, and bonuses to fill any open spots in the schedule. 2) How the facility will identify other	6/4/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed | TITLE | (X6) DATE: 06/02/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061809	A. BUILDING: _____ B. WING _____	C 04/23/2025

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WATERFRONT REHABILITATION AND HEALTH	633 STATE ROUTE 28 RARITAN, NJ 08869

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S 560	Continued From page 1 established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. For the 2 weeks of Complaint staffing from 04/06/2025 to 04/19/2025, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -04/06/25 had 13 CNAs for 135 residents on the day shift, required at least 17 CNAs. -04/07/25 had 14 CNAs for 135 residents on the day shift, required at least 17 CNAs. -04/08/25 had 14 CNAs for 135 residents on the day shift, required at least 17 CNAs. -04/09/25 had 13 CNAs for 135 residents on the day shift, required at least 17 CNAs. -04/10/25 had 14 CNAs for 135 residents on the day shift, required at least 17 CNAs. -04/11/25 had 14 CNAs for 135 residents on the day shift, required at least 17 CNAs. -04/12/25 had 12 CNAs for 135 residents on the day shift, required at least 17 CNAs. -04/13/25 had 13 CNAs for 132 residents on the day shift, required at least 16 CNAs.	S 560	residents having the potential to be affected by the same deficient practice. The facility recongnizes that all residents have the potential to be affected by this deficient practice. 3) What measures will be put into place or systematic changes to ensure that the deficient practice would not recur Contracts with staffing agencies will be maintained to supplement facility staff. Hiring and recruitment efforts including wage analysis and adjustments, pay for experience, online job listings, job fairs, shift differentials, sign on bonuses and referral bonuses are being utilized to become more competitive in the marketplace and surrounding area. The Administrator or designee will educate the US FOIA (b) (6) on the regulatory staffing par levels for CNAs and nursing staffing levels. In addition, daily and weekly meetings with the staffing coordinator, Administrator, and Director of Nursing will be held to ensure adequate staffing levels are met. 4) How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic change	

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S 560	Continued From page 2 -04/14/25 had 13 CNAs for 132 residents on the day shift, required at least 16 CNAs. -04/15/25 had 13 CNAs for 131 residents on the day shift, required at least 16 CNAs. -04/16/25 had 12 CNAs for 131 residents on the day shift, required at least 16 CNAs. -04/17/25 had 13 CNAs for 131 residents on the day shift, required at least 16 CNAs. -04/18/25 had 13 CNAs for 131 residents on the day shift, required at least 16 CNAs. -04/19/25 had 13 CNAs for 131 residents on the day shift, required at least 16 CNAs.	S 560	The Administrator or designee will review and audit staffing schedules weekly for 4 weeks and monthly for three months to ensure adequate staffing for all shifts. The Administrator or designee will present the findings of the audits and review trends and needed follow up in the two facility Quarterly Quality Assurance Performance Improvement Meetings.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315140 Y1	A. Building B. Wing Y2	6/9/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFRONT REHABILITATION AND HEALTHCARE CENTER	633 STATE ROUTE 28 RARITAN, NJ 08869

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0842 Reg. # 483.20(f)(5), 483.70(h)(1)-(5) LSC	Correction Completed 06/05/2025	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 4/23/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
061809		6/9/2025

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFRONT REHABILITATION AND HEALTHCARE CENTER	633 STATE ROUTE 28 RARITAN, NJ 08869

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 06/05/2025	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
4/23/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO