STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315245	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTACARE AT CHERRY HILL	**1399 CHAPEL AVE WEST , CHERRY HILL, New Jersey, 08002**

(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
F0000	INITIAL COMMENTS Complaint #: 393855, 2708808, 2801510, 3017425 Survey Date: 6/5/26 Census: 133 Sample Size: 8 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.	F0000		06/29/2026
F0842 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	F0842	F0842 – Resident Records – Identifiable Information (Complete/Accurate Medical Records): Residents #3 and #6 had no identified [NJ Ex Order 26.4] [redacted]. Resident #6 was immediately reassessed by licensed nursing staff, and the Residents [NJ Ex Order 26] were evaluated with no signs of decline, confirming that care needs were being met. Current physician orders for [NJ Ex Order 26, 4B1] were verified and remain in place as prescribed. Resident #3 is no longer at the facility. An immediate audit was conducted of all residents with active [NJ Ex Order 26, 4B1] orders to verify that treatments were being provided as ordered and documented accurately on the Treatment Administration Record (TAR). All licensed nurses were re-educated on the facility's "Charting and Documentation" policy. The Director of Nursing or designee will audit TARs for all residents receiving wound care weekly for four weeks, then monthly for two months, to verify that all treatments are documented completely and in real time, with no blank entries. Audit results will be reported weekly to the Administrator and reviewed monthly at the Quality Assurance and Performance Improvement Committee to ensure sustained compliance.	07/03/2026

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 reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315245	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/05/2026

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F0842 SS = D	Continued from page 1 (iv) Systematically organized §483.70(h)(2) The facility must keep confidential 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	F0842		07/03/2026

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F0842 SS = D	Continued from page 2 conducted by the State; (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: COMPLAINT #2801510 Based on interviews, review of medical records and other pertinent facility documentation on 6/4/26 and 6/5/26, it was determined that the facility failed to maintain an accurate and complete medical record in accordance with acceptable professional standards of practice, when staff failed to consistently document that NJ Ex Order 26, 4B1 was provided on the "Treatment Administration Record" (TAR). This deficient practice was identified for 2 of 3 residents reviewed for NJ Ex Order 26, 4B1 (Resident #3 & Resident #6) and was evidenced by the following: a). A review of the Admission Record revealed that Resident #3 was admitted to the facility with diagnoses that included but were not limited to: NJ Ex Order 26, 4B1 Review of Resident #3's care plan (CP) indicated that Resident #3 had a focus related to the resident having NJ Ex Order 26, 4B1. Interventions for this focus area included to provide treatments per facility protocol. A review of Resident #3's "Treatment Administration Record" (TAR) for NJ Ex Order 26.4(b)(1) revealed two treatments as follows: -"Change NJ Ex Order 26, 4B1 to NJ Ex Order 26, 4B1 every NJ Ex Order 26, 4B1, for NJ Ex Order 26, 4B1" NJ Ex Order 26, 4B1 ... every day shift for NJ Ex Order 26, 4B1 Blank boxes (indicating the NJ Ex Order 26, 4B1 as not done) for the above treatments on NJ Ex Order 26, 4B1 A review of Resident #3' progress notes (PN), did not include documentation that the above treatments were provided.	F0842		07/03/2026

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F0842 SS = D	Continued from page 3 b). A review of the Admission Record revealed that Resident #6 was admitted to the facility with diagnoses that included but were not limited to: [redacted] Review of Resident #6's care plan (CP) indicated that Resident #3 had a focus related to the resident having [redacted]. Interventions for this focus included that treatments were to be provided per facility protocol. A review of Resident #6's "Treatment Administration Record" (TAR) for [redacted] revealed two treatments as follows: [redacted] was to be applied to the [redacted] on the evening shift. Area was to be cleansed and [redacted] was to be applied. [redacted] was to be applied to the [redacted] on the evening shift. Area was to be cleansed and [redacted] was to be applied. Blank boxes noted, (indicating [redacted] not provided) as ordered for the above treatments on [redacted] A review of Resident #6' progress notes (PN), did not include documentation that the above treatments were provided. An interview was conducted on 6/4/26 at 3:36 PM with the Licensed Practical Nurse (LPN #1) who stated that documentation was important to show that care was provided. LPN #1 recalled being assigned to Resident #3. She stated that Resident #3 was always [redacted] during her assignments and that she must have forgotten to document that treatment was provided. She further stated that she was familiar with Resident #6 also and that she must have either forgotten to document that the [redacted] was provided, or she forgot to document that the resident [redacted] A joint interview was conducted on 6/4/26 at 4:19 PM with the [redacted] and the [redacted]. During the interview the [redacted] stated that after staff	F0842		07/03/2026

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F0842 SS = D	Continued from page 4 completed [NJ Ex Order 25] treatments, she expected that nurse document that that care was provided in the resident's electronic medical record. She further stated that documentation confirmed that care was provided. No additional documentation was provided related to the above treatments. A review of the facility's undated "Charting and Documentation" policy revealed that services provided to residents would be documented. The policy further described the minimum "care-specific details" that would be included when documenting treatments including, but not limited to, the name of the person providing the treatment along with the date and time it was provided. N.J.A.C. 8:39-27.1(a)	F0842		07/03/2026

New Jersey Department of Health

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S0000	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.	S0000		06/29/2026
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE 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 20 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 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	S0560	The staffing deficiencies had the potential to affect all residents of the facility. To strengthen workforce reliability and maintain consistent shift coverage, Human Resources will uniformly hold staff accountable to the facility's attendance and call-out policy. Employees who fail to provide proper advance notification of an absence, or who are identified as no-call/no-show, will face progressive corrective action documented through Human Resources. Individuals with a pattern of attendance issues will be placed on structured performance improvement plans, with continued noncompliance resulting in escalating consequences that may include termination, so that the facility maintains a stable and accountable staff. As of 7/9/26 all Nursing staff were re-educated by Human Resources on the attendance and call-out policy. Additionally, the scheduling coordinator, received education on New Jersey minimum staffing requirements, and the escalation process for securing additional coverage when shortfalls are anticipated. Effective 7/3/26, the Administrator or designee conducts a daily audit comparing scheduled staffing against resident census to validate compliance with required staffing ratios. Findings from these daily reviews will be reported monthly to the Quality Assurance and Performance Improvement Committee for ongoing oversight, trend analysis, and adjustment of the staffing plan as indicated.	07/09/2026

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S0560	Continued from page 1 that each direct care staff member shall sign in to work as a CNA and perform CNA duties. For the week of staffing from 3/9/26 to 3/15/26, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows: -3/9/26 the facility had 13 CNAs for 135 residents on day shift, required at least 17 CNAs. -3/10/26 had 13 CNAs for 134 residents on day shift, required at least 17 CNAs. -3/11/26 had 15 CNAs for 134 residents on day shift, required at least 17 CNAs. -3/12/26 had 15 CNAs for 134 residents on day shift, required at least 17 CNAs. -3/13/26 had 15 CNAs for 134 residents on day shift, required at least 17 CNAs. -3/14/26 had 13 CNAs for 134 residents on day shift, required at least 17 CNAs. -3/15/26 had 12 CNAs for 135 residents on day shift, required at least 17 CNAs. For the weeks of staffing from 5/17/26 to 5/30/26, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows: -5/17/26 had 14 CNAs for 130 residents on the day shift, required at least 16 CNAs. -5/18/26 had 13 CNAs for 126 residents on the day shift, required at least 16 CNAs. -5/19/26 had 14 CNAs for 125 residents on the day shift, required at least 16 CNAs. -5/21/26 had 15 CNAs for 125 residents on the day shift, required at least 16 CNAs. -5/22/26 had 12 CNAs for 131 residents on the day shift, required at least 16 CNAs. -5/23/26 had 14 CNAs for 131 residents on the day shift, required at least 16 CNAs. -5/24/26 had 13 CNAs for 131 residents on the day shift, required at least 16 CNAs.	S0560		07/09/2026

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S0560	Continued from page 2 -5/25/26 had 14 CNAs for 131 residents on the day shift, required at least 16 CNAs. -5/26/26 had 11 CNAs for 131 residents on the day shift, required at least 16 CNAs. -5/27/26 had 12 CNAs for 131 residents on the day shift, required at least 16 CNAs. -5/28/26 had 12 CNAs for 134 residents on the day shift, required at least 17 CNAs. -5/29/26 had 14 CNAs for 134 residents on the day shift, required at least 17 CNAs. -5/30/26 had 12 CNAs for 134 residents on the day shift, required at least 17 CNAs.	S0560		07/09/2026

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 7/17/26 in relation to the 6/5/26 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		07/20/2026

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 reverse for further 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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New Jersey Department of Health

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 7/17/26 in relation to the 6/5/26 State of New Jersey Complaint survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities.	S0000		07/20/2026

Office of Primary Care and Health Systems Management

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