STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315166	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASONIC VILLAGE AT BURLINGTON	**902 JACKSONVILLE ROAD , BURLINGTON, New Jersey, 08016**

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F0000	INITIAL COMMENTS COMPLAINT #: 2714723, 405694 CENSUS: 116 SAMPLE SIZE: 4 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		02/23/2026
F0550 SS = D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights.	F0550	Upon nursing leadership learning of Resident #1's preference to receive [NJ Exec] [NJ Exec Order 26.4b1] from [NJ Exec Orde] caregivers, this was immediately implemented and documented in the resident's medical record. The care plan was reviewed and revised. A facility wide audit was initiated for residents with expressed caregiver gender preferences (both documented and verbal) to ensure such preferences are reflected in the medical record. No other residents were affected. The facility will review resident preferences, at admission, at care plan meetings, and whenever a new preference is communicated and preferences will be updated accordingly. Staff Training: Nursing staff (RN's, LPNs, CNAs) will receive mandatory in-service education on: Resident Rights. Residents' right to choose personal care providers consistent with facility policy. The importance of timely communication and documentation of resident preferences. The Director of Nursing (DON) or designee will perform weekly audits for 4 weeks on a sample of 10	02/23/2026

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

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F0550 SS = D	Continued from page 1 The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is NOT MET as evidenced by: Complaint # 405694 Based on interviews, review of medical records, and review of other pertinent facility documents on 1/22/26 and 1/28/2026, it was determined that the facility failed to honor and communicate a NJ Exec Order 26.4b1 resident's expressed preference regarding personal care providers, resulting in the resident receiving care inconsistent with their stated preferences. This deficient practice was identified for 1 of 4 residents reviewed (Resident #1), as evidenced by the following: According to the Admission Record (AR), Resident #1 was admitted with diagnoses that included but were not limited to NJ Exec Order 26.4b1. According to the Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4, revealed that resident #1 had a Brief Interview for Mental Status (BIMS) score of NJ Ex out of 15, which indicated the resident was NJ Exec Order 26.4b1. A review of the document titled NJ Exec Order [redacted] dated NJ Exe[redacted] addresses Registered Nurse (RN)#1 and revealed " NJ Exec Order 26.4b [redacted]: Team member was [redacted] by resident [Resident #1] that [they] would NJ Exec Order any NJ Exec O caregivers on NJ Exec Order 2. Nurse informed [Resident #1] she would ensure [Resident #1] did not receive any NJ Exec O caregivers." Review of Resident #1's medical record revealed no documentation of Resident #1's preferences and the	F0550	Continued from page 1 , then 10 records each month for a period of two months to verify the residents preferences are documented in the medical record. Audit results will be presented at the facility's monthly Quality Assurance and Performance Improvement (QAPI) meetings for a period of three months. Any changes to the plan will be reviewed and the plan will be revised as necessary including ongoing auditing if applicable.	02/23/2026

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F0550 SS = D	Continued from page 2 preference was not [NJ Exec Order 26] in the care plan on [NJ Exec Order 2] or relayed in shift-to-shift communication. As a result, on [NJ Exec Order 2], a [NJ Exec O] Certified Nursing Assistant (CNA)#1 [NJ Exec Order 26.4b1] to Resident #1. During an interview on 1/28/2026 at 11:43 A.M., with the [U.S. FOIA (b)(6)]), in the presence of the [U.S. FOIA (b)(6)] the [U.S. FOIA (b)] states we were unaware of the preference request until the investigation occurred…the nurse did not follow [Resident #1's] preferences at the time she was notified. The [U.S. FOIA (b)] confirmed that the failure to communicate the resident's preference occurred at the nursing level and acknowledged that the facility's policy states residents are allowed to choose providers of healthcare services consistent with their interests, values and personal care needs. A review of the facility's policy dated August 2022, titled "Resident Self Determination and Participation" reveals under "Policy Interpretation and Implementation 1. Each resident is allowed to choose …healthcare providers, that are consistent with his or her interests, values, assessments and plans of care, including:.. b. personal care needs… d. providers of healthcare services".	F0550		02/23/2026
F0609 SS = D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated	F0609	Resident #2 has been [NJ Exec Order 26.4b1] from the facility. A facility-wide audit of internal incidents reports from the previous 90 days was conducted to identify any injuries of unknown origin that were not reported to the Department of Health, no other incidents were identified. Staff Education: Conducted mandatory in-service for RN's, LPNs, CNAs, Supervisors, and department heads on F609 which incorporated reporting an allegation related to a potential injury of unknown status. Weekly audits for 4 weeks by the DON/designee of incidents weekly, then monthly for two months to verify if the incident report did or did not meet the criteria for reporting under F609 Reporting of Alleged Violation. Audit results will be presented at the facility's monthly Quality Assurance and Performance Improvement (QAPI) meetings for a period of three months. Any changes to the plan will be reviewed and the plan will be revised as necessary including ongoing auditing if applicable.	02/25/2026

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F0609 SS = D	Continued from page 3 representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is NOT MET as evidenced by: Complaint #405694 Based on interviews, review of medical records, and review of other pertinent facility documents on 1/22/26 and 1/28/2026, it was determined that the facility failed to notify the New Jersey Department of Health (NJDOH) of an [redacted] of [redacted], specifically an NJ Exec Order 26.4b1 [redacted], resulting in a [redacted], as required. This deficient practice was identified for 1 of 4 residents reviewed (Resident #2), as evidenced by the following: According to the Admission Record (AR), Resident #2 was admitted with diagnoses that included, but were not limited to, NJ Exec Order 26.4b1 [redacted] According to the Minimum Data Set (MDS), an assessment tool dated [redacted], Resident #2 had a Brief Interview for Mental Status (BIMS) score of [redacted], indicating NJ Exec Order 26.4b1. A review of the Progress Notes (PN) dated [redacted] 11:00 P.M., revealed that on [redacted] at approximately 2:30 P.M., Resident #2 was [redacted] on the [redacted]. The incident was [redacted]. Further review revealed that on [redacted] at approximately 9:30 P.M., Resident #2 was [redacted] to the [redacted] for [redacted]. A review of the PN dated [redacted] at 2:23 A.M., revealed Resident #2 was admitted to the hospital with a [redacted]. A review of a facility document titled "Full QA [quality assurance] Report" with a date of [redacted] at 2:30P.M. revealed the [redacted] was [redacted] During a telephone interview with the RN #2, on 1/28/26 at 10:40 A.M., RN #2 stated the resident #2 was NJ Exec Order 26.4b1, which prompted the physician to order [redacted] medication and an [redacted] Review of facility documentation revealed that an internal incident report was completed; however, there was no evidence that the facility reported the	F0609		02/25/2026

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F0609 SS = D	Continued from page 4 [redacted] of [redacted] to the NJDOH, as required. During an interview on 1/28/2026 at 11:42 A.M., the [redacted]) in the presence of the [redacted] stated the facility did not report the incident because it was a [redacted] and was not [redacted] and therefore did not require reporting to the NJDOH. The [redacted] stated that the [redacted] wasn't [redacted] in nature and did not need to be reported to the NJDOH. A review of the facility's policy titled "Abuse and Neglect" with a reviewed date of 3/25/2025, revealed under "REPORTING AND RESPONSE 'ABUSE' POLICY REQUIREMENTS: The facility will ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation…are reported immediately, but not later than 2 hours after the allegation is made…" NJAC 8:39-4.1(a)8	F0609		02/25/2026

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 2/25/26 in relation to the 1/28/26 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		03/03/2026

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