STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315404	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT COLLINGSWOOD	460 HADDON AVE , COLLINGSWOOD, New Jersey, 08108

(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 #: 2633902 Survey Date: 11/25/25 Census: 49 Sample: 13 + 2 The facility was not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities. Deficiencies were cited for this survey.	F0000		12/17/2025
F0644 SS = D	Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2) §483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes: §483.20(e)(1)Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care. §483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review it was determined	F0644	F Tag 644 Resident #2 remains in the community. PASRR Level I was corrected after the surveyor identified the concern. The U. S. FOIA (b) (2) was immediately re-educated on the need for PASRR Level I review, revision, and referral for Level II when appropriate. The U. S. FOIA will receive 1:1 education by the Administrator upon her return from NJ Ex Orde regarding the requirement to review and revise PASRR as needed when there is a change in mental health status, and to refer for Level II when indicated. All residents residing in the community have the potential to be affected by this cited practice. An audit was completed to ensure the appropriateness of PASRRs for all current residents and confirm compliance. Any issues identified during the audit were immediately corrected by the social worker. In-service education will be provided to the U. S. FOIA (b) (2) on the components of F644. This will include the requirement to review PASRR upon admission and upon a new condition or qualifying diagnosis o NJ Ex Order 2 as well as the resubmission of PASRR to determine if Level II is required. The U. S. FOIA (b) (2)	01/12/2026

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: 315404	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT COLLINGSWOOD	460 HADDON AVE , COLLINGSWOOD, New Jersey, 08108

(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
F0644 SS = D	Continued from page 1 the facility failed to conduct a new Preadmission Screening and Resident Review (PASRR) level one assessment after a resident was newly diagnosed with a NJ Ex Order 26, 4B1 This deficient practice was identified in 1 of 1 resident reviewed for PASRR (Resident #2) and was evidenced by the following: On 11/20/2025 at 12:10 PM, the surveyor reviewed Resident #2 Electronic Medical Record (EMR) which showed that the resident had a PASRR completed on entry to the facility. Under section one for diagnoses of NJ Ex Order 26, 4B1 it was marked as "NO", meaning Resident #2 did not have any NJ Ex Order 26, 4B1 diagnoses when admitted. The PASRR was dated NJ Ex Order 26, 4B A review of the Admission Record face sheet (an admission summary) reflected the resident was initially admitted to the facility in NJ Ex Order 26, 4B1 . Medical diagnoses on admission included but were not limited to NJ Ex Order 26, 4B1 A review of the most quarterly Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 2 showed that the resident had a Brief Interview of Mental Status (BIMS) of NJ Ex Order 26, 4B1 , meaning the resident had NJ Ex Order 2 . Review of section I of the MDS titled active diagnoses revealed the resident had a diagnosis of NJ Ex Order 26, 4B1 . A review of Resident #2 quarterly MDS from NJ Ex Order 26, 4 under section I for active diagnoses was marked as "No" for diagnoses of NJ Ex Order 26, 4B1 A review of the residents most recent NJ Ex Order 26, 4B1 note dated NJ Ex Order 26, 4 under diagnoses and plan it revealed a diagnosis of NJ Ex Order 26, 4B1 On 11/21/25 at 10:48 AM, the surveyor interviewed the U. S. FOIA (b) (2)) regarding Resident #2 PASRR. The U. S. FOIA told the surveyor the U. S. FOIA (b) (2) was responsible for the PASRR but was currently on a leave of absence. On 11/24/25 at 11:00 AM, the surveyor interviewed the U. S. FOIA (b) (2)) regarding Resident #2 PASRR. The U. S. FOIA said the facility did not have a PASRR policy. The surveyor asked the U. S. FOIA (b when a PASRR should be completed and the U. S. FOIA (b responded, on admission or if the resident gets prescribed an NJ Ex Order 26, 4B1 or is given a new NJ Ex Order 26, 4B1 diagnosis. NJAC 27.1 (a)	F0644	Continued from page 1 will conduct this training. A new process will be implemented by the team that will include the following: Upon completion of the MDS (Minimum Data Set), the MDS (Minimum Data Set) Coordinator will review the Section I Active Diagnoses list of the MDS. The MDS (Minimum Data Set) Coordinator will communicate any new diagnoses or changes in mental health identified to the Social Worker. Upon identification of a change, the Social Worker will review and revise the PASRR as warranted and make a referral for Level II when indicated. New orders for psychotropic medication and/or mental status changes will be reviewed in daily clinical meeting Monday through Friday to help identify changes that may require a PASRR revision. PASRR will also be reviewed by the social worker with the MDS schedule to ensure compliance. PASRR audits will be performed by the social worker on the following schedule: weekly for four weeks, monthly for three months, and quarterly thereafter. These audits will monitor activities that may require a PASRR update, such as admissions, readmissions, significant changes in condition, or new diagnoses of mental illness, to ensure ongoing compliance. The frequency of PASRR audits will be adjusted based on findings until substantial compliance is achieved. All identified issues will be addressed immediately with corrective action and reinforced through in-service training. Findings will be reviewed with the Administrator and presented during the quarterly Quality Assurance and Performance Improvement (QAPI) meeting, with additional corrective measures implemented as warranted. Completion Date: 1.12.2026	
F0657	Care Plan Timing and Revision	F0657	Resident #12 remains in the community, and the care	01/12/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315404	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT COLLINGSWOOD	460 HADDON AVE , COLLINGSWOOD, New Jersey, 08108

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F0657 SS = D	Continued from page 2 CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and review of pertinent facility documents it was determined the facility failed to revise an individual comprehensive care plan for a resident with a repeated [NJ Ex P] history. This deficient practice was identified for 1 of 2 residents reviewed for [NJ Ex G] (Resident #12) and was evidenced by the following: On 11/19/2025 at 10:24 AM, during the initial tour of the facility the surveyor observed Resident #12 in bed with eyes closed. The resident's bed was in the [NJ Ex Order 2] and there was a [NJ Ex Order 26] on the [NJ Ex Order 26, 4B1] A review of the Admission Record face sheet (an	F0657	Continued from page 2 plan has been reviewed and revised to reflect current and appropriate interventions. On 11/27/2025, the [U. S. POA] provided re-education on the timely completion of care plan interventions following each identified fall event, with the understanding that failure to complete care plan updates will result in corrective action. All residents who experienced falls have the potential to be affected by this cited practice. An audit of all fall events within the last 90 days was completed to ensure care plans were revised to include appropriate new interventions. No issues were identified. The Director of Nursing will provide in-service training to the interdisciplinary team on the importance of timely care planning post fall events. All Fall incidents will be reviewed in the morning clinical meeting Monday through Friday and care plan update will occur during morning meeting to ensure compliance by the MDS coordinator. Care plan audits of all incidents will be conducted by the Household Nurse Mentor weekly for four weeks, then monthly for three months, to ensure compliance. Findings will be reviewed with the Administrator and discussed during the quarterly Quality Assurance and Performance Improvement (QAPI) meeting, with corrective actions implemented as warranted. The frequency of audits will be adjusted based on findings until substantial compliance is achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315404	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT COLLINGSWOOD	460 HADDON AVE , COLLINGSWOOD, New Jersey, 08108

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F0657 SS = D	Continued from page 3 admission summary) reflected Resident #12 was admitted to the facility with diagnoses which included but were not limited to NJ Ex Order 26, 4B1 [redacted] A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated [redacted] revealed the resident had a Brief Interview of Mental status score of [redacted] meaning the resident had NJ Ex Order 26, 4B1 [redacted] Section [redacted] titled NJ Ex Order 26.4(b)(1) showed the resident required NJ Ex Order 26, 4B1 [redacted] A review of incidents, accidents and facility progress notes for Resident #12 revealed the resident had NJ Ex Order 26, 4B1 on NJ Ex Order 26, 4B1 [redacted]. On [redacted] the resident was NJ Ex Order 26, 4B1 and sustained a NJ Ex Order 26, 4B1 [redacted]. [redacted] assessments were initiated. On [redacted] the resident was NJ Ex Order 26, 4B1 [redacted]. The resident stated NJ Ex Order 26, 4B1. The resident NJ Ex Order 26, 4B1 [redacted] was ordered and completed. On [redacted], the resident was found NJ Ex Order 26, 4B1 [redacted] and NJ Ex Order 26, 4B1 to the NJ Ex Order 26, 4B1 area. The resident was transferred to the [redacted] for evaluation. A review of Resident #12 Individualized Comprehensive Care Plan (ICCP) included a focus area of [redacted] initiated on [redacted]. The care plan goal was that the resident would be [redacted]. The care plan interventions included assess call light ability, do not leave resident alone in the bathroom, educate on calling for assistance, keep items within reach, bedside table within reach, room free of clutter, and ask if the resident needs anything prior to leaving. The care plan did not include new interventions following the NJ Ex Order 26, 4B1 [redacted] On 11/24/2025 at 12:17 PM, during an interview with the U. S. FOIA (b) (2) [redacted] the [redacted] told the surveyor that the facility tries to update the care plans after each [redacted]. The [redacted] acknowledged the care plan was not updated following each of the [redacted]. On 11/25/25 at 9:00 AM, the surveyor reviewed the policy titled Fall Prevention and Management with a revision date of 8/8/25. Under the section post fall management, it included modifying the care plan as indicated. The surveyor reviewed the policy titled Care Plan Policy dated 8/8/25. The policy purpose was to guide the care and treatment provided to each resident.	F0657		

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F0657 SS = D	Continued from page 4 Number 21 of the policy revealed that the care plans would be updated and/or revised for significant changes, change in planned interventions, new diagnoses, medications or abnormal lab work. NJAC 8:30-27.1 (a)	F0657		
F0689 SS = D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on interview and review of pertinent facility documents, it was determined that the facility failed to ensure a resident who was dependent on staff for transfers was safely and properly transferred with two staff members via NJ Ex Order 26, 4B1. Instead, the resident was NJ Ex Order 26.4(b)(using NJ Ex Order 26, 4B1 by one staff member from their NJ Ex Order 26.4(b)(1). This deficient practice was identified for 1 of 2 residents (Resident #29) reviewed for NJ Ex Order 26, 4B and was evidenced by the following: On 11/20/25 at 10:30 AM, Resident #29 was observed in the bed and had just received care from the U. S. FOIA (b) (2) . The surveyor observed the resident had NJ Ex Order 26, 4B1 NJ Ex Order 26, 4B1. A review of the Admission Record (an admission summary) showed Resident #29 was admitted to the facility with medical diagnoses which included but were not limited to NJ Ex Order 26, 4B1 A review of the a Significant Change Minimum Data Set (MDS), an assessment tool, dated NJ Ex Order 26, revealed under Section NJ Ex Order 26.4(b)(1) that the resident was NJ Ex Order 26, 4B1 meaning the NJ Ex Order 26, 4B1 , resident NJ Ex Order 26, 4B1 , or the NJ Ex Order 26, 4B1	F0689	Resident #29 remains in the community and free from hazardous practices. When the incident was identified, a full investigation was completed, and corrective disciplinary action was taken with the U. S. FOIA (b) (2) responsible for the resident after it was disclosed that they failed to follow the plan of care on NJ Ex Order 26, 4B1 All residents requiring assistance with transfers have the potential to be affected by this cited practice. All staff will receive additional training on safety and adherence to care plans provided by the Director of Nursing. Transfer status orders have been added to the treatment record to ensure nurses verify compliance during shift rounds. The Nurse Mentor will conduct daily shift safety rounds to confirm that certified nursing aides are transferring residents according to the care plan (e.g., assist level, use of gait belt, mechanical lift if required). Safety rounds will include direct observation and verification of transfer techniques as per care plan. Ongoing education and transfer competency training will be incorporated into onboarding for new licensed certified nursing aides and nurses by the Resident Services Staff Educator to ensure compliance with safe transfer practices. The Nurse Mentor will conduct safety observation audit of five caregivers per week for two weeks, then every two weeks for one month, followed by monthly observations for two months, and quarterly thereafter to ensure compliance with transfer protocols. Findings will be reviewed with the Director of Nursing (DON) and the Administrator, and immediate corrective or disciplinary action will be taken as necessary to ensure resident safety. All findings will be presented during the quarterly Quality Assurance and Performance Improvement (QAPI) meeting, with audit frequency adjusted as warranted to achieve substantial compliance.	01/12/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315404	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT COLLINGSWOOD	460 HADDON AVE , COLLINGSWOOD, New Jersey, 08108

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F0689 SS = D	Continued from page 5 NJ Ex Order 26, 4B1 Resident #29 had a Brief Interview of Mental Status of NJ Ex O, meaning the resident was NJ Ex Order 26, 4B1 . On 11/20/25 at 12:22 PM, the surveyor reviewed a Facility Reported Event (FRE). The report included that on NJ Ex Order 26 the residents spouse approached the U. S. FO regarding NJ Ex O in the resident's NJ Ex O . An assessment was completed by the physician and an NJ Ex Order 26, 4B1 It was documented on the FRE that it was unknown if NJ Ex Order 26, 4B was NJ Ex Order 26, 4B1 , and it was an NJ Ex Order 26, 4B1 . Further review showed that no one NJ Ex Order 26, 4B1 . Additional review showed that on NJ Ex Order 26 the resident was NJ Ex Order 26, 4B1 to the NJ Ex Order 26, 4B1 . The resident's NJ Ex Order 26 was in the room at the time of transfer, and it was NJ Ex Order 26, 4B1 A review of the investigation portion of the FRE showed that the resident was NJ Ex Order 26, 4B1 on NJ Ex Order 26, Resident #29 was ordered a NJ Ex Order 26, 4B1 with a NJ Ex Order 26, 4B1 . The investigation revealed that although Resident #29 NJ Ex Order 26, 4B1 , the U. S. FOIA assigned to Resident #29 did not follow the plan of care or physician orders by NJ Ex Order 26, 4B1 NJ Ex Order 26, 4B1 and was NJ Ex Order 26.4(b)(1 from employment. Review of the FRE conclusion was that the resident did NJ Ex Order 2 and most likely NJ Ex Order 26, 4B1 on the NJ Ex O . On 11/20/25 at 1:14 PM, the surveyor reviewed the physician orders which showed an active order dated NJ Ex Order 26, 4B1 A review of the Individualized Comprehensive Care Plan (ICCP) showed a NJ Ex Order 26, 4 , initiated NJ Ex Order 26, . Interventions included but were not limited to transfer with NJ Ex Order 26, 4B1 . On 1/21/2025 at 10:23 AM, during an interview with the U. S. FOIA (b) (2)) the surveyor asked about the incident with Resident #29. The U. S. FOIA told the surveyor that after investigating the incident it was determined the resident NJ Ex Order 26, 4B1 occurred when resident "NJ Ex Order 26.4(b)(1)". The U. S. FOIA said, "The U. S. FOIA did not follow the policy", meaning the U. S. FOIA NJ Ex Order 26, 4B1 On 11/25/25 at 9:40 AM, the surveyor reviewed the policy titled, "Safe Handling", dated 8/8/25. Under the mechanical lift usage guidelines it was written that	F0689		

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UNITED METHODIST COMMUNITIES AT COLLINGSWOOD	**460 HADDON AVE , COLLINGSWOOD, New Jersey, 08108**

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F0689 SS = D	Continued from page 6 lifts required two persons to use. NJAC 8:39-27.1(a)	F0689		

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 030401	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT COLLINGSWOOD	**460 HADDON AVE , COLLINGSWOOD, New Jersey, 08108**

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S0000	Initial Comments THE FACILITY WAS IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG-TERM CARE FACILITIES.	S0000		12/17/2025

Office of Primary Care and Health Systems Management

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: 315404	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT COLLINGSWOOD	**460 HADDON AVE , COLLINGSWOOD, New Jersey, 08108**

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 02/09/2026 in relation to the 11/25/2025 Recertification survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		

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

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 030401	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/09/2026

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UNITED METHODIST COMMUNITIES AT COLLINGSWOOD	**460 HADDON AVE , COLLINGSWOOD, New Jersey, 08108**

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 02/09/2026 in relation to the 11/25/2025 State of New Jersey Re-Licensure 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		

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: 315404	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT COLLINGSWOOD	460 HADDON AVE , COLLINGSWOOD, New Jersey, 08108

(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
K0000	INITIAL COMMENTS A life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 11/25/2025 and 11/26/2025 and the facility was found to be in non-compliance with the requirements for participation in Medicare/Medicaid at 42CFR, 483.90 9a), Life safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies. United Methodist Communities at Collingswood is a five-story building without a basement, Type I construction. The fifth floor is divided into four smoke compartments. The facility has an Emergency backup power to the building supplied by a diesel generator located outside of the building. The facility has 60 Licensed beds and the census was 50.	K0000		01/12/2025
K0372 SS = D Bldg. 01	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This STANDARD is NOT MET as evidenced by: Based on observations, interview and review of facility	K0372	1. No single resident has been identified by the deficient practice on 11/25/2025. Penetration was repaired on11/25/2025 in the Whitman corridor with the use of: NUDEK Fire Barrier Sealant CP 25WB+and tested to hold up to 4 hours. In-service and procedure logs will be created for all maintenance staff in the building. 2.All residents in the community have the potential to be affected by the deficient practice in the event of an emergency had the inspection not been performed. 3.The U. S. FOIA (b) (2) will be re-educated by the Administrator on K372 and a procedure log for penetrations will be checked weekly x4, monthly x3 quarterly x2. 4. The Administrator will review the procedure logs monthly x4, quarterly x2. Findings will be reviewed at quarterly QAPI meetings to ensure compliance and determine if further action is needed.	12/12/2025

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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: 315404	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT COLLINGSWOOD	460 HADDON AVE , COLLINGSWOOD, New Jersey, 08108

(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
K0372 SS = D Bldg. 01	Continued from page 1 provided documentation on 11/25/2025 and 11/26/2025 in the presence of the facility's U. S. FOIA (b) (2) [redacted]), it was determined that the facility failed to maintain the integrity of smoke barrier partitions. This deficient practice had the potential to affect the 50 Residents who reside on the fifth floor, was identified for 1 of 3 smoke barrier walls inspected and evidenced by the following: On 11/25/2025 (day one of survey) during the survey entrance at approximately 9:01 AM, a request was made to the facility U. S. FOIA (b) (2) [redacted]) to provide a copy of the facility lay-out which identified the various rooms and smoke compartments in the facility. A review of the facility provided lay-out identified the Nursing facility is located on the 5th. floor of the building and three (3) smoke barrier walls. An observation at approximately 10:20 AM on 11/25/2025 in the presence of the U. S. FOIA, revealed above the ceiling tiles next to the smoke barrier doors of the "White House" unit one approximately 2-inch in diameter hole through the smoke barrier wall. In an interview, the U. S. FOIA confirmed the finding at the time of observations. The U. S. FOIA (b) (2) [redacted] were informed of the deficient practice on 11/26/2025 at approximately 12:30 PM during the Life Safety Code survey exit. NJAC 8:39-31.2 (e)	K0372		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315404	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT COLLINGSWOOD	**460 HADDON AVE , COLLINGSWOOD, New Jersey, 08108**

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E0000	Initial Comments An Emergency Preparedness survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 11/25/2025 and 11/26/2025. United Methodist Communities at Collingswood was found to be in compliance with Medicare/Medicaid at 42 CFR, Subpart 483.73, Requirements for Long Term Care Facilities.	E0000		01/12/2026

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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: 315404	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 02/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT COLLINGSWOOD	460 HADDON AVE , COLLINGSWOOD, New Jersey, 08108

(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
K0000 Bldg. 01	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 02/09/2026 in relation to the 11/25/2025 Life Safety Code survey. The facility was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy.	K0000		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315404	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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E0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 02/09/2026 in relation to the 11/25/2025 Emergency Preparedness survey. The facility was found to be in compliance with the requirement for participation in Medicare/Medicaid at 42 CFR, Subpart 483.73, Emergency Preparedness.	E0000		

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