STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315207	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT KRESSON VIEW, LLC	**2601 EVESHAM ROAD , VOORHEES, New Jersey, 08043**

(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 #: 2682421 CENSUS: 208 SAMPLE SIZE: 4 THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F0000		02/04/2026

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

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060413	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT KRESSON VIEW, LLC	**2601 EVESHAM ROAD , VOORHEES, New Jersey, 08043**

(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
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		02/04/2026
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: Complaint#: 2682421 Based on interviews and review of facility documents on 12/23/25, it was determined that the facility failed to ensure staffing ratios were met for 14 of 14-day shifts. This deficient practice had the potential to affect all residents. Findings include: 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	S0560	The facility failed to supply sufficient number of Nursing staff in accordance with CFR (s): 8:39-5.1 (a) Immediate corrective action for those residents affected by deficient practices. The facility continues to actively fill all open Certified Nursing Assistant (CNA) shifts to comply with New Jersey State mandated ratios. Minimum staffing requirements were reviewed on 12.23.2025, by the Administrator with the Human Resources Director and Staffing Coordinator, who were both able to reiterate minimum staffing requirements for nursing homes. Identify those individuals who could be affected by the deficient practice: All residents have the potential to be affected by the deficient practice. Measures put into place to ensure the deficient practice will not occur for those residents affected: The facility will continue to focus on recruitment and retention strategies as follows, identify vacant positions daily and attempt to fill positions with current CNA staff or agency personnel.	02/07/2026

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: 060413	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT KRESSON VIEW, LLC	**2601 EVESHAM ROAD , VOORHEES, New Jersey, 08043**

(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
S0560	Continued from page 1 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 12/7/25-12/20/25, the facility was deficient in CNA staffing for residents on 14 of 14-day shifts as follows: On 12/7/25, the facility had 20 CNAs for 207 residents on the day shift, required at least 26 CNAs. On 12/8/25, the facility had 20 CNAs for 207 residents on the day shift, required at least 26 CNAs. On 12/9/25, the facility had 22 CNAs for 207 residents on the day shift, required at least 26 CNAs. On 12/10/2, the facility had 19 CNAs for 207 residents on the day shift, required at least 26 CNAs. On 12/11/25, the facility had 21 CNAs for 210 residents on the day shift, required at least 26 CNAs. On 12/12/25, the facility had 23 CNAs for 210 residents on the day shift, required at least 26 CNAs. On 12/13/25, the facility had 18 CNAS for 210 residents on the day shift, required at least 26 CNAs. On 12/14/25, the facility had 16 CNAs for 213 residents on the day shift, required at least 27 CNAs. On 12/15/25, the facility had 17 CNAs for 213 residents on the day shift, required at least 27 CNAs. On 12/16/25, the facility had 23 CNAs for 213 residents on the day shift, required at least 27 CNAs. On 12/17/25, the facility had 23 CNAs for 211 residents on the day shift, required at least 26 CNAs. On 12/18/25, the facility had 23 CNAs for 211 residents on the day shift, required at least 26 CNAs. On 12/19/25, the facility had 22 CNAs for 211 residents on the day shift, required at least 26 CNAs. On 12/20/25, the facility had 19 CNAs for 211 residents on the day shift, required at least 26 CNAs.	S0560	Continued from page 1 The Administrator and Director of Nursing will work diligently with Corporate Recruiters, to offer shift bonuses and flexible schedules. Administrator and Human Resources Director will continue to focus on recruitment and employer sponsorship of qualified candidates for enrollment in a Certified Nursing Assistant Training and Competency Program. Administrator and Human Resources Director will continue to develop an Employee Retention Program, designed to engage employees, promote a positive work environment and enhance job satisfaction. Administrator will educate the Staffing Coordinator - during Labor Management Meetings, on the process to project staffing needs based on facility census fluctuations, to meet mandated ratios. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: Administrator/designee to audit effectiveness of hiring strategies to include open CNA and Licensed Nurse positions vs. new hires; reporting on successful strategies-to-hire; based on percentages and turnover rates. The duration of all audits will consist of completion 1x weekly x4 weeks; then continue 1x weekly x2 months. All findings will be brought to the Administrator and reviewed in monthly Quality Assurance Meeting for recommendations. Results of audits will be reported to the Administrator and reviewed at the Monthly Quality Assurance Performance Improvement Meeting and Quarterly QAPI meetings.	02/07/2026

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060413	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT KRESSON VIEW, LLC	**2601 EVESHAM ROAD , VOORHEES, New Jersey, 08043**

(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
S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 02/11/2026 in relation to the 12/23/2026 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		

Office of Primary Care and Health Systems Management

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