

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>315514</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>10/28/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>EXCEL CARE AT EGG HARBOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6818 DELILAH ROAD , EGG HARBOR TOWNSHIP, New Jersey, 08234</b>	
(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	<p>INITIAL COMMENTS</p> <p>Complaint Survey</p> <p>Complaint #: # 2613687, 2588296, 2647220</p> <p>Survey Dates: 10/24/2025 - 10/28/2025</p> <p>Survey Census: 111</p> <p>Sample Size: 5</p> <p>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.</p>	F0000		11/26/2025

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 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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New Jersey State Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>01001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>10/28/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>EXCEL CARE AT EGG HARBOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6818 DELILAH ROAD , EGG HARBOR TOWNSHIP, New Jersey, 08234</b>	
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S0560	<p>Continued from page 1</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>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.</p> <p>For the 2 weeks of AAS-11 staffing, the facility was deficient in CNA staffing for residents on 8 of 14 day shifts as follows:</p> <p>-10/05/25 had 12 CNAs for 118 residents on the day shift, required at least 15 CNAs.</p> <p>-10/06/25 had 13 CNAs for 116 residents on the day shift, required at least 14 CNAs.</p> <p>-10/10/25 had 13 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>-10/11/25 had 13 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>-10/13/25 had 13 CNAs for 109 residents on the day shift, required at least 14 CNAs.</p> <p>-10/14/25 had 13 CNAs for 109 residents on the day shift, required at least 14 CNAs.</p> <p>-10/17/25 had 13 CNAs for 113 residents on the day shift, required at least 14 CNAs.</p> <p>-10/18/25 had 13 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>A review of a facility provided policy revised on 05/01/2025 titled, "Staffing "revealed "To comply with New Jersey's nursing home staffing law, [ facility name] will make every effort to maintain the following minimum CNA staffing ratios:</p> <ul style="list-style-type: none"> <li>• Day Shift (7 AM – 3 PM): 1 CNA per 8 residents</li> </ul>	S0560	<p>Continued from page 1</p> <p>Facility's Recruitment and Retention Strategies and Efforts have been in progress, which include but are not limited to the following:</p> <p>Offer Sign on bonuses to attract staff</p> <p>Recruitment bonus to encourage referrals from current staff</p> <p>Offer daily and weekend bonuses to attract overtime or PRN staff shifts</p> <p>Regularly meet with Staff to boost morale</p> <p>Conduct Staff Appreciation programs and activities to promote Staff Retention</p> <p>Aggressively run ads in various social media platforms and employment application websites</p> <p>Flexible shifts and schedules</p> <p>Increased wages to be well above state minimum</p> <p>Working with C.N.A. schools to recruit new grads</p> <p>Contract with staffing agencies</p> <p><b>MONITORING OF CORRECTIVE ACTIONS</b></p> <p>The Director of Nursing or designee will provide weekly reports to the Administrator regarding all efforts made to try to comply with the State's Staffing Ratios. Reports will be submitted to the Corporate Director of Human Resources/Payroll.</p>	

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NAME OF PROVIDER OR SUPPLIER <b>EXCEL CARE AT EGG HARBOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6818 DELILAH ROAD , EGG HARBOR TOWNSHIP, New Jersey, 08234</b>	
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S0560	Continued from page 2 <ul style="list-style-type: none"> <li>• Evening Shift (3 PM – 11 PM): 1 CNA per 10 residents</li> <li>• Overnight Shift (11 PM – 7 AM): 1 CNA per 14 residents</li> </ul> These staffing ratios must be maintained at all times.”	S0560		

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NAME OF PROVIDER OR SUPPLIER <b>EXCEL CARE AT EGG HARBOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6818 DELILAH ROAD , EGG HARBOR TOWNSHIP, New Jersey, 08234</b>	
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F0000	<p><b>INITIAL COMMENTS</b></p> <p>An offsite/desk review of the facility's Plan of Correction was conducted on 12/10/2025 in relation to the 10/28/2025 Recertification survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p>	F0000		

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