STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315513	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SUBACUTE AT AUTUMN LAKE HEALTHCARE	**113 ROUTE 73 , 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 #: 3005667, 2985888 Census: 115 Sample Size: 4 THE FACILITY IS IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR, PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F0000		06/30/2026

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: 04007	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/23/2026

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THE SUBACUTE AT AUTUMN LAKE HEALTHCARE	113 ROUTE 73 , VOORHEES, New Jersey, 08043

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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		06/30/2026
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 interviews and review of facility documents on 6/23/26 it was determined that the facility failed to ensure staffing ratios were met for 2 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. 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 that each direct care staff member shall sign in to work as a CNA and perform CNA duties. For the 2 weeks of AAS-11 staffing prior to survey from 5/10/26-5/23/26, the facility was deficient in CNA staffing for residents on 2 of 14 day shifts as	S0560	1 The following corrective actions have been accomplished for the identified deficiency: no one was affected by this deficient practice. 2 All residents have the potential to be affected by the deficient practice of not meeting the NJ staffing requirement ratios. 3 The following measures have been put into place to prevent the deficient practice from recurring: Additional agencies have been contracted to attain the appropriate staff ratios for the facility census. . Advertisements/ job postings for CNAs have been posted on hiring platforms and social media websites Partnerships have been established with local vocational schools and CNA training programs to create an avenue for staffing. Incentives are offered to CNAs to work extra shifts such as gift cards and bonuses. Many agencies are being utilized to fill in any open	07/07/2026

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S0560	Continued from page 1 follows: -5/15/26 had 14 CNAs for 117 residents on the day shift, required at least 15 CNAs. -5/16/26 had 14 CNAs for 117 residents on the day shift, required at least 15 CNAs.	S0560	Continued from page 1 shifts. Bonuses are also being offered to agency staff to pick up shifts. Hiring and recruitment efforts now include referral bonuses, sign-on bonuses, weekend bonuses, amongst other incentives to bring in good staff and quickly. Tap Check payout system implemented for staff to receive instant pay as incentive to employ more staff. Overtime is made available to all current employees. 4 The DON will do weekly staffing audits for the upcoming 7 days to proactively identify potential gaps. Administrator will meet weekly with staffing coordinator to review a 7 day prospective of staffing and implement measures to fill any identified staffing gaps proactively. Quality Assurance The DON/designee will review staffing levels daily for all three shifts to ensure that we have adequate staffing. Findings will be reported to the administrator daily and reviewed with the QA committee quarterly until substantial compliance is obtained. The administrator/designee will review the staffing schedule weekly to monitor the staffing ratio on all shifts weekly x 90 days. The administrator will report findings to the QA committee on a quarterly basis x 4 quarters and monthly to QAPI committee for 12 months.	07/07/2026

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 7.13.26 in relation to the 6.23.26 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		07/15/2026

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 7.13.26 in relation to the 6.23.26 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		07/15/2026

Office of Primary Care and Health Systems Management

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