STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315001	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERWICK CARE & REHAB CENTER, LLC	**100 PLAINSBORO ROAD , PLAINSBORO, New Jersey, 08536**

(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 #: 2583625 CENSUS:149 SAMPLE SIZE: 4 The NJDOH conducted a complaint survey on 09/23/2025. The survey was officially completed on 09/23/2025. 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		

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: 11103L	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERWICK CARE & REHAB CENTER, LLC	**100 PLAINSBORO ROAD , PLAINSBORO, New Jersey, 08536**

(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 COMPLAINT #: 2583625 CENSUS:149 SAMPLE SIZE: 4 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		
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: 2583625 Based on review of facility documents on 11/17/2025, it was determined that the facility failed to ensure staffing ratios were met for 13 of 14 day shifts reviewed. 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	S0560	1. No residents identified were affected. 2. All residents have the potential to be affected. 3. DON, staffing coordinator, HR were educated on the minimal staffing requirement as per the guidelines on 11/17/25. · The master staffing plan has been reviewed and updated to align with current census, acuity, and resident dependency levels. · Admin; HR; Staffing meeting will meet at least 3 times a day to review staffing patterns and review any variance. · Hiring and Retention Initiatives: The facility has increased recruitment efforts, including daily interviews for walk ins and scheduled interviews, partnerships with CNA training programs, employee referral incentives, retention efforts include mentorship programs and targeted support to reduce	11/30/2025

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: 11103L	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S0560	Continued from page 1 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 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 staffing prior to complaint survey from 09/07/2025 to 09/23/2025, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows: On 09/07/25 had 12 CNAs for 149 residents on the day shift, required at least 19 CNAs. On 09/08/25 had 14 CNAs for 145 residents on the day shift, required at least 18 CNAs. On 09/09/25 had 16 CNAs for 145 residents on the day shift, required at least 18 CNAs. On 09/10/25 had 15 CNAs for 143 residents on the day shift, required at least 18 CNAs. On 09/12/25 had 13 CNAs for 143 residents on the day shift, required at least 18 CNAs. On 09/13/25 had 12 CNAs for 143 residents on the day shift, required at least 18 CNAs. On 09/14/25 had 14 CNAs for 148 residents on the day shift, required at least 18 CNAs. On 09/15/25 had 16 CNAs for 148 residents on the day shift, required at least 18 CNAs. On 09/16/25 had 14 CNAs for 148 residents on the day shift, required at least 18 CNAs.	S0560	Continued from page 1 turnover. Administrative staff meet with the staff in a town hall style meeting to discuss challenges and opportunities to reduce staff turnover. Establish Weekly meetings with recruiter, strategically increasing online advertisement, offering sign on bonus and shift differentials to maintain acceptable staffing. Increase PRN staff to fill in open shifts. Incentives offered to fill in any variances. 4. The DON/Administrator or designee will audit staffing levels: Daily for 4 weeks, then 3 times weekly for 2 months, then weekly for 3 months, and monthly thereafter. Audits will review: · Actual vs. required staffing · Call-off patterns Results will be reviewed monthly in the QAPI meeting for 3 months, then monthly thereafter. Adjustments will be made accordingly.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11103L	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025

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S0560	Continued from page 2 On 09/17/25 had 14 CNAs for 149 residents on the day shift, required at least 19 CNAs. On 09/18/25 had 17 CNAs for 146 residents on the day shift, required at least 18 CNAs. On 09/19/25 had 12 CNAs for 146 residents on the day shift, required at least 18 CNAs. On 09/20/25 had 10 CNAs for 146 residents on the day shift, required at least 18 CNAs.	S0560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315001	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERWICK CARE & REHAB CENTER, LLC	**100 PLAINSBORO ROAD , PLAINSBORO, New Jersey, 08536**

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/02/2025 in relation to the 11/20/2025 Complaint 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: **11103L**	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/03/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/02/2025 in relation to the 11/20/2025 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