| 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 05/19/2026 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **Merwick Care & Rehabilitation Center, LLC** | **100 PLAINSBORO ROAD , PLAINSBORO, New Jersey, 08536** |

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| F0000 | INITIAL COMMENTS<br><br>COMPLAINT #: 3015011<br><br>CENSUS: 177<br><br>SAMPLE SIZE: 4<br><br>THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT. | F0000 | | 07/01/2026 |
| F0684<br>SS = D | Quality of Care<br><br>CFR(s): 483.25<br><br>§ 483.25 Quality of care<br><br>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Complaint: 3015011<br><br>Based on interviews, record review, and review of other pertinent facility documents it was determined that the facility failed to ensure that a resident received treatment and care in accordance with professional standards of practice by a) discharging a resident with a NJ Ex Order 26, 4B1 [redacted]) in place without a physician order (PO) to do so; and b) removing a resident's NJ Ex Order 26, 4B1 after the resident was discharged at the resident's NJ Exec Ord without a PO to do so. This deficient practice was identified for 1 out of 3 residents reviewed for the | F0684 | Resident #2 was discharged from the facility on NJ Ex Order 26, 4B1. Upon notification, facility nursing staff immediately followed up with the resident and family and removed the NJ Ex Order 26, 4B1. The U. S. FOIA (b) (2) confirmed with the NJ Exec Ord care agency that the resident experienced NJ Exec Order 26.4b1 outcome related to the incident.<br><br>On 05/20/2026, LPN #1, Unit Manager #1, and RN Supervisor #1 received one-on-one re-education by the U. S. FOIA (b) (2) [redacted] designee regarding the discharge process for residents with NJ Ex Order 26, 4B1.<br><br>The education included:<br><br>Review of the facility's discharge policy<br><br>Verification that a physician order is obtained and documented regarding continuation or discontinuation of IV access prior to discharge.<br><br>Documentation requirements in the electronic medical record, including physician orders, nursing documentation, and discharge instructions.<br><br>All residents discharged with IV access have the potential to be affected by this practice. On 05/21/2026, the U. S. FOIA (b) (2) completed a retrospective audit of all residents discharged with | 06/19/2026 |

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 |
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| F0684 SS = D | Continued from page 1<br>discharge process (Resident #2). This deficient practice was evidenced by the following:<br><br>Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the state of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling and provision of care supportive to or restorative of life and well-being, and executing medical regimes as prescribed by a licensed or otherwise legally authorized physician or dentist."<br><br>Resident #2 was no longer at the facility. The closed medical record for Resident #2 was reviewed.<br><br>A review of the admission record face sheet for Resident #2 revealed that the resident was admitted to the facility with diagnoses including but not limited to: NJ Ex Order 26, 4B1 [redacted]<br><br>A review of the discharge Minimum Data Set (MDS) an assessment tool dated NJ Ex Order 26, 4B1 revealed that Resident #2 had a Brief Interview for Mental Status Score of NJ Ex Order 26, 4B1, which indicated that the resident's NJ Ex Order 26, 4B1.<br><br>A review of the U.S. FOIA (b)(6) Note with an effective date of [redacted] at 10:49 AM, revealed a recommendation that Resident #2 start NJ Ex Order 26, 4B1 [redacted] | F0684 | Continued from page 1<br>IV access during the previous 30 days to verify physician orders were present and appropriately followed. No additional concerns requiring corrective action were identified.<br><br>On 05/20/2026, all U. S. FOIA (b) (2) received education by the U. S. FOIA (b) (2) regarding the review of the facility's discharge policy, verification that a physician order is obtained and documented regarding continuation or discontinuation of IV access prior to discharge<br><br>and documentation requirements in the electronic medical record, including physician orders, nursing documentation, and discharge instructions.<br><br>The Director of Nursing or designee will audit five (5) discharged residents weekly for four (4) weeks and then monthly for two (2) months to verify physician orders are present, discharge documentation is complete, and physician orders regarding IV access are implemented prior to discharge.<br><br>The results of each audit will be presented to the Quality Assurance and Performance Improvement (QAPI) Committee monthly for review and analysis. The Committee will identify trends, determine root causes of any non-compliance, develop and implement corrective actions as indicated (including additional staff education, competency validation, process revisions, and individual counseling when appropriate), assign responsibility for each intervention, establish completion dates, and monitor the effectiveness of the corrective actions through ongoing audits until sustained compliance of 100% is achieved. Audit frequency may be extended or modified by the QAPI Committee based on continued compliance. | 06/19/2026 |

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| F0684 SS = D | Continued from page 2<br><br>A review of the health status note with an effective date of NJ Ex Order 26, 4B1, revealed that Resident #2 was to have a [redacted] by an outside company. The PN further revealed that the [redacted] was for NJ Ex Order 26, 4B1 with [redacted]<br><br>Review of the Order Summary Report (OSR) for Resident #2 revealed the following physician orders (POs):<br><br>Please place [redacted]. The order date was [redacted].<br><br>NJ Ex Order 26, 4B1 once medication arrives from the pharmacy. The order date was [redacted] The start date was [redacted]<br><br>NJ Ex Order 26, 4B1 . The order date was [redacted].<br><br>NJ Ex Order 26, 4B1 The order date was [redacted] The start order date was [redacted].<br><br>A review of the Medication Administration Record (MAR) for Resident #2 revealed that the resident received the prescribed dose of [redacted] on NJ Ex Order 26, 4B1 and [redacted] The MAR further revealed that Resident #2 received the prescribed NJ Ex Order 26, 4B1 on NJ Ex Order 26, 4B1<br><br>A discharge note written by physician (PHY) #1, dated NJ Ex Order 26, 4B1, was reviewed. The PN revealed that Resident #2's scheduled discharge date was [redacted]. The PN further revealed that the resident's prescriptions were written, and discharge instructions reviewed with the resident.<br><br>Further review of the OSR revealed an order that | F0684 | | 06/19/2026 |

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| F0684 SS = D | Continued from page 3<br>Resident #2 could be discharged [redacted] on [redacted]. The order date was [redacted]. The order start date was [redacted]. The OSR did not reveal an order for the resident's [redacted] to remain in place or an order to remove the [redacted]<br><br>A late entry PN written by Licensed Practical Nurse (LPN) #1, dated [redacted] at 2:27 PM, and entered into the facility electronic medical record on [redacted] at 2:37 PM, was reviewed. The PN revealed that a [redacted] was removed from Resident #2's [redacted] and the [redacted] was assessed and found to be clean, dry, and [redacted]. The PN further revealed that Resident #2 was prepared for discharge and left the facility at [redacted], via [redacted] and was accompanied by a family member.<br><br>An interview was conducted with LPN #1 on 05/19/2026 at 4:27 PM. LPN #1 stated that she was the nurse who discharged Resident #2 from the facility on [redacted]. LPN #1 stated that it was the usual practice to do a [redacted] assessment on residents prior to discharging them. LPN #1 stated that she did not perform a [redacted] assessment on Resident #2 prior to discharging the resident. LPN #1 stated that she did not know that Resident #2 had a [redacted] in place when they were discharged. LPN #1 stated that on [redacted] the day after Resident #2 was discharged, she was instructed by a manager to go to the resident's [redacted] to remove the [redacted]. LPN #1 further stated that she and Nursing Supervisor (NS) #1 went to the resident's [redacted] or [redacted] to remove the resident's [redacted]<br><br>An interview was conducted with Unit Manager (UM) #1 on 05/19/2026 at 12:34 PM. UM #1 stated that residents should not go [redacted] with [redacted] without a PO. UM #1 further stated that nurses should obtain a PO to remove the [redacted] when treatment is finished. UM #1 stated that Resident #2 was discharged [redacted] or [redacted]. UM #1 stated that a family member of Resident #2 called her and informed her that the resident was discharged [redacted] with [redacted]. UM #1 stated that it was not safe to send a resident [redacted] with [redacted] without a PO and the family was not educated on the device prior to discharge.<br><br>An interview was conducted with NS #1 on 05/19/2026 at 1:37 PM. NS #1 stated that the | F0684 | | 06/19/2026 |

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| F0684 SS = D | Continued from page 4<br>process when a resident is discharged includes obtaining a PO for discharge, completing a [NJ Ex assessment, and educating the resident and family. NS #1 stated that a U. S. FOIA (b) (2)) or an [U. S. FOIA was responsible for removing [NJ Ex Order 26, 4B] prior to discharging a resident. NS #1 stated that she was informed that Resident #2 was discharged without a [NJ Exec Order 26.4b] check being completed and that the resident was discharged [NJ Exec Or with [NJ Ex Order 26, 4B] NS #1 stated that a [ check is done prior to discharge to look for any devices or [NJ Exec Order 26.4 findings and document them. NS #1 stated that she went to Resident #2's [NJ Exec Or with another nurse to remove the resident's [ 26, 4B] after the resident had been discharged from the facility.<br><br>An interview was conducted with the [U. S. FOIA (b) (2) on 05/19/2026 at 2:05 PM. The [U. S. FOIA stated that Resident #2 did not have a PO to remove their [NJ Ex Order 26 at discharge, nor did the resident have a PO to keep their [NJ Ex Order 26 in place at discharge. The [U. S. FOIA stated that there were no arrangements for care of the resident's [NJ Ex Order 26, 4B] after discharge. The [U. S. FOIA stated that Resident #2 should not have had the [NJ Ex when they were discharged from the facility.<br><br>An interview was conducted with physician (PHY) #1 on 05/19/2026 at 4:13 PM. PHY #1 stated that residents are not normally discharged from the facility with [NJ Ex Order 26, 4B]. PHY #1 stated that the usual process was for facility staff to contact him for an order to remove [NJ Ex Order 26, 4B]. PHY #1 further stated that he was not aware that Resident #2 was discharged from the facility with a [NJ Ex Order 26 in place.<br><br>The facility policy "Physician Orders" with an updated date of January 2025 was reviewed. Under "Policy Statement," the facility policy revealed that licensed nurses will obtain, document and provide care and services in accordance with orders received from the physician. Under "Policy Interpretation and Implementation" the facility policy revealed "4. Nursing staff will carry out the physician orders as directed by the physician. 5. The provision of care and services in accordance with the physician orders will be documented in accordance with professional standards of practice."<br><br>The facility policy "Peripheral IV Catheter Removal" with a revision date of October 2024 was reviewed. Under "General Guidelines" the facility policy | F0684 | | 06/19/2026 |

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| F0684 SS = D | Continued from page 5<br>revealed "1. Evaluate the continued need for vascular access during provider visits and care planning." This section of the facility policy further revealed "2. Remove the [redacted]: a. vascular access is no longer clinically indicated." Under "Documentation" the facility policy revealed "The following should be documented in the resident's medical record: 1. Date, time of procedure [...]".<br><br>NJAC 8:39-27.1 (a) | F0684 | | 06/19/2026 |
| F0689 SS = D | Free of Accident Hazards/Supervision/Devices<br><br>CFR(s): 483.25(d)(1)(2)<br><br>§483.25(d) Accidents.<br><br>The facility must ensure that -<br><br>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and<br><br>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Complaint: 3015011 Based on interviews, record review, and review of other pertinent facility documents it was determined that the facility failed to complete an incident report and thoroughly investigate after a resident was discharged from the facility with a [redacted] in place. This deficient practice was identified for 1 of 3 residents reviewed for the discharge process (Resident #2), and was evidenced by the following:<br><br>Resident #2 was no longer at the facility. The closed medical record for Resident #2 was reviewed.<br><br>A review of the admission record face sheet for Resident #2 revealed that the resident was admitted to the facility with diagnoses including but not limited to: [redacted] | F0689 | Resident #2 was discharged from the facility on [redacted]. LPN #1, Unit Manager #1, and RN Supervisor #1 were immediately educated by the [redacted] regarding the facility's Accident and Incident Investigation and Reporting Policy, including the requirement to immediately notify the Director of Nursing and the Administrator of all incidents and accidents, initiate an incident report promptly, complete a thorough investigation, document findings, implement appropriate interventions, and report incidents in accordance with facility policy and regulatory requirements.<br><br>All residents have the potential to be affected by this practice. On 05/21/2026, the [redacted] conducted a retrospective audit of all incidents occurring during the previous 30 days to verify that incident reports were initiated timely, investigated thoroughly, completed appropriately, and reviewed by nursing leadership. No additional variances were identified.<br><br>On 05/20/2026, all licensed nurses received education by the Director of Nursing/designee regarding the Accident and Incident Investigation and Reporting Policy. Education included:<br><br>Immediate notification requirements to the Director of Nursing and Administrator for all reportable incidents and accidents.<br><br>Timely completion of the Accident/Incident Report.<br><br>Investigation procedures, including resident assessment, witness interviews, root cause identification, and documentation.<br><br>Immediate implementation of interventions to protect resident safety.<br><br>Documentation requirements in the medical record and incident reporting system. | 06/19/2026 |

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| F0689 SS = D | Continued from page 6<br>NJ Ex Order 26, 4B1 ).<br><br>A review of the discharge Minimum Data Set (MDS) an assessment tool dated NJ Ex Order 26, 4B1 revealed that Resident #2 had a Brief Interview for Mental Status Score of NJ Ex Order 26, 4B1 which indicated that the resident's NJ Ex Order 26, 4B1.<br><br>A review of the U. S. FOIA (b) (2) Note with an effective date of NJ Ex Order 26, 4B1 , revealed a recommendation that Resident #2 start NJ Ex Order 26, 4B1<br><br>A review of the health status note with an effective date of NJ Ex Order 26, 4B1, revealed that Resident #2 was to have a NJ Exec Order 26 by an outside company. The PN further revealed that the NJ Ex Order 26 was for NJ Ex Order 26, 4B1 with NJ Ex Order 26, 4B1<br><br>Review of the Order Summary Report (OSR) for Resident #2 revealed the following physician orders (POs):<br><br>Please place NJ Ex Order 26, The order date was NJ Ex Order 26, 4B1<br><br>NJ Ex Order 26, 4B1 once medication arrives from the pharmacy. The order date was NJ Ex Order 26, 4B1 The start date was NJ Ex Order 26, 4B1<br><br>NJ Ex Order 26, 4B1 . The order date was NJ Ex Order 26, 4B1<br><br>NJ Ex Order 26, 4B1 | F0689 | Continued from page 6<br><br>Expectations for timely communication with physicians, responsible parties, and regulatory agencies when applicable.<br><br>The Director of Nursing or designee will review all incident reports weekly for four (4) weeks and monthly thereafter for two (2) months to verify incidents are reported timely, investigations are completed, corrective interventions are implemented, and documentation is complete.<br><br>Audit results will be presented to the Quality Assurance and Performance Improvement (QAPI) Committee each month for review and analysis. The QAPI Committee will evaluate compliance trends, identify any patterns or opportunities for improvement, perform root cause analysis for identified deficiencies, and develop corrective action plans as indicated. The effectiveness of all interventions will be monitored through ongoing audits and follow-up reviews until sustained compliance is achieved. | 06/19/2026 |

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| F0689 SS = D | Continued from page 7<br>[redacted]. The order date was [redacted]. The start order date was [redacted].<br><br>A review of the Medication Administration Record (MAR) for Resident #2 revealed that the resident completed the prescribed dose of [redacted]. The MAR further revealed that Resident #2 completed the prescribed doses of [redacted].<br><br>A discharge note written by physician (PHY) #1, dated [redacted], was reviewed. The PN revealed that Resident #2's scheduled discharge date was [redacted]. The PN further revealed that the resident's prescriptions were written, and discharge instructions reviewed with the resident.<br><br>Further review of the OSR revealed an order that Resident #2 could be discharged [redacted] on [redacted]. The order date was [redacted]. The order start date was [redacted]. The OSR did not reveal an order for the resident's [redacted] to remain in place or an order to remove the [redacted].<br><br>A late entry PN written by Licensed Practical Nurse (LPN) #1, dated [redacted] at 2:27 PM, and entered into the facility electronic medical record on [redacted] at 2:37 PM, was reviewed. The PN revealed that a [redacted] was removed from Resident #2's [redacted]. The PN further revealed that Resident #2 was prepared for [redacted] and left the facility at [redacted] via medical transport and was accompanied by a family member.<br><br>An interview was conducted with Licensed Practical Nurse (LPN) #1 on [redacted]. LPN #1 stated that she was the nurse who discharged Resident #2 from the facility on [redacted]. LPN #1 stated that she did not know that Resident #2 had a [redacted] in place when they were discharged. LPN #1 stated that on [redacted], the day after Resident #2 was discharged, she was instructed by a manager to go to the resident's [redacted] to remove the [redacted]. LPN #1 further stated that she and Nursing Supervisor (NS) #1 went to the resident's [redacted] on [redacted] to remove the resident's [redacted].<br><br>An interview was conducted with Unit Manager (UM) | F0689 | | 06/19/2026 |

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| F0689 SS = D | Continued from page 8<br>#1 on 05/19/2026 at 12:34 PM. UM #1 stated that residents should not go [NJ Exec Ord] with [NJ Ex Order 26, 4B] without a physician order (PO). UM #1 further stated that nurses should obtain a PO to remove the [NJ Ex Order 26, 4B1] when treatment is finished. UM #1 stated that Resident #2 was discharged [NJ Exec Ord] on [NJ Ex Order 26, 4B1] UM #1 stated that a family member of Resident #2 called her and informed her that the resident was discharged [NJ Exec Ord] with NJ Ex Order 26, 4B1. UM #1 stated that she called the facility to follow up with NS #1, who was the NS on duty. UM #1 stated that she believed that facility staff went to the resident's [NJ Exec Ord] to remove the resident's [NJ Ex Order 26, 4B1]. UM #1 stated that it was not [NJ Exec O] to send a resident [NJ Exec Ord] with [NJ Ex Order 26, 4B1] without a PO and the family was not educated on the device prior to discharge. UM #1 further stated that an incident report (IR) should have been completed if something was accidentally done and needed to be followed up on and rectified. UM #1 stated that she did not complete an IR related to Resident #2's discharge with NJ Ex Order 26, 4B1<br><br>An interview was conducted with NS #1 on 05/19/2026 at 1:37 PM. NS #1 stated that a U. S. FOIA (b) (2) or an [U. S. FOIA] was responsible for removing [NJ Ex Order 26, 4B1] prior to discharging a resident. NS #1 stated the day after Resident #2 was discharged, a family member called to inform NS #1 that the resident was discharged [NJ Exec Ord] with [NJ Ex] [redacted]. NS #1 stated that she requested that the family member take the resident to the NJ Exec Order 26.4b1 to have the [NJ Ex Order 26, 4B1] removed but the family member declined. NS #1 stated that she was advised by facility management to go with another nurse to the resident's [NJ Exec Ord] to remove the [NJ Ex Order 26, 4B1]. NS #1 stated that she and another nurse went to Resident #2's home and removed the resident's [NJ Ex Order 26, 4B1]. NS #1 stated that this issue warranted an [NJ Ex] but she did not submit an IR and she was not sure if anyone had completed an IR. NS #1 further stated that the purpose of IRs was to follow up on incidents and to document actions that were taken to fix what happened.<br><br>An interview was conducted with the [U. S. FOIA (b) (2)] [redacted]) on 05/19/2026 at 2:05 PM. The [U. S. FOIA] stated that Resident #2 did not have a PO to remove their [NJ Ex Order 26] at discharge, nor did the resident have a PO to keep their [NJ Ex Order 26,] in place at discharge. The [U. S. FOIA] stated that there were no arrangements for care of the resident's [NJ Ex Order 26, 4B1] after discharge. The [U. S. FOIA] stated that Resident #2 should not have had the [NJ E] [redacted] when they were discharged from the facility. The [U. S. FOIA] stated that if a resident was | F0689 | | 06/19/2026 |

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| F0689 SS = D | Continued from page 9<br>discharged with NJ Ex Order 26, 4B1 without proper planning, it placed the resident at risk for [redacted] or other NJ Exec Order 26.4b1.<br><br>During the same interview the [redacted] stated that she was not aware that Resident #2 was discharged with NJ Ex Order 26, 4B1 or that facility staff went to the resident's [redacted] to remove the [redacted] until the date of the survey (05/19/2026). The [redacted] stated that she should have been called on [redacted] when staff became aware of the issue. The [redacted] stated that it was her expectation that an IR should have been completed related to Resident #2 being discharged with NJ Ex Order 26, 4B1. The [redacted] stated that completion of an IR would have contributed to learning and preventing similar incidents from happening again.<br><br>The facility policy "Accidents and Incidents-Investigation and Reporting" with a revision date of July 2017 was reviewed. Under "Policy Statement" the facility policy revealed that all accidents or incidents involving residents and employees occurring on the premises should be investigated and reported to the administrator. Under "Policy Interpretation and Implementation" the facility policy revealed "1. The nurse supervisor/charge nurse and/or the department director or supervisor shall promptly initiate and document investigation of the accident or incident. 2. The following data, as applicable, shall be included on the Report of Incident/Accident form: a. The date and time accident or incident took place; b. The nature of the injury/illness […] c. The circumstances surrounding the accident or incident; […] g. The time the injured person's attending physician was notified, as well as the time the physician responded and his or her instructions; [...] 5. The nurse supervisor/charge nurse and/or the department director or supervisor shall complete a Report of Incident/Accident form and submit the original to the director of nursing services within 24 hours of the incident or accident; [...] 7. Incident/accident reports will be reviewed by the safety committee for trends related to accident or safety hazards in the facility and to analyze any individual resident vulnerabilities."<br><br>NJAC 8:39-27.1 (b) | F0689 | | 06/19/2026 |
| F0842 SS = D | Resident Records - Identifiable Information<br><br>CFR(s): 483.20(f)(5),483.70(h)(1)-(5)<br><br>§483.20(f)(5) Resident-identifiable information. | F0842 | Resident #2 was discharged from the facility on NJ Ex Order 26, 4B1 The U. S. FOIA (b) (2) reviewed the medical record on [redacted]. A clarification note was entered to accurately reflect the circumstances surrounding the care provided on [redacted] LPN | 06/19/2026 |

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| F0842 SS = D | Continued from page 10<br><br>(i) A facility may not release information that is resident-identifiable to the public.<br><br>(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.<br><br>§483.70(h) Medical records.<br><br>§483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-<br><br>(i) Complete;<br><br>(ii) Accurately documented;<br><br>(iii) Readily accessible; and<br><br>(iv) Systematically organized<br><br>§483.70(h)(2) The facility must keep confidential all information contained in the resident's records,<br><br>regardless of the form or storage method of the records, except when release is-<br><br>(i) To the individual, or their resident representative where permitted by applicable law;<br><br>(ii) Required by Law;<br><br>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;<br><br>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.<br><br>§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. | F0842 | Continued from page 10<br>#1, Unit Manager #1, and RN Supervisor #1 received one-on-one education by the U. S. FOIA (b) (2) [redacted] on 05/20/2026 regarding the facility's Charting and Documentation Policy to ensure that the documentation accurately reflects the care and services actually provided.<br><br>All residents have the potential to be affected by this practice. On 05/20/2026, the U. S. FOIA (b) (2) conducted a retrospective audit of discharged resident medical records from the previous 30 days to verify documentation accuracy, completeness, timeliness, and consistency with the care provided. No additional variances were identified.<br><br>On 05/20/2026, all licensed nurses were re-educated by the Assistant Director of Nursing/designee regarding the facility's Charting and Documentation Policy with emphasis on accurate and timely documentation, objective charting, appropriate use of late entries, documentation of treatments and procedures, physician notification, resident response to care, incident documentation, follow-up documentation, and discharge documentation requirements.<br><br>The Director of Nursing or designee will audit three (3) discharged resident medical records weekly for four (4) weeks and then monthly for two (2) months to verify documentation is accurate, complete, timely, and consistent with the care provided and facility policy.<br><br>The results of each audit will be presented to the Quality Assurance and Performance Improvement (QAPI) Committee monthly for review and analysis. The Committee will identify trends, determine root causes of any non-compliance, develop and implement corrective actions as indicated (including additional staff education, competency validation, process revisions, and individual counseling when appropriate), assign responsibility for each intervention, establish completion dates, and monitor the effectiveness of the corrective actions through ongoing audits until sustained compliance of 100% is achieved. Audit frequency may be extended or modified by the QAPI Committee based on continued compliance. | 06/19/2026 |

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| F0842 SS = D | Continued from page 11<br><br>§483.70(h)(4) Medical records must be retained for-<br><br>(i) The period of time required by State law; or<br><br>(ii) Five years from the date of discharge when there is no requirement in State law; or<br><br>(iii) For a minor, 3 years after a resident reaches legal age under State law.<br><br>§483.70(h)(5) The medical record must contain-<br><br>(i) Sufficient information to identify the resident;<br><br>(ii) A record of the resident's assessments;<br><br>(iii) The comprehensive plan of care and services provided;<br><br>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;<br><br>(v) Physician's, nurse's, and other licensed professional's progress notes; and<br><br>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Complaint #:3015011<br><br>Based on interviews, record review, and review of pertinent documents, it was determined that the facility failed to ensure that the medical record accurately documented the care provided to a resident who was discharged NJ Exec Ord with a NJ Ex Order 26 NJ Ex Order 26, 4B1 and had it removed in their NJ Exec Ord the next day by facility staff. This deficient practice occurred for 1 of 3 residents reviewed for discharge processes (Resident #2) and was evidenced by the following:<br><br>Resident #2 was no longer in the facility. A closed record review was conducted.<br><br>A review of the admission record face sheet for Resident #2 revealed that the resident was admitted to the facility with diagnoses including but not limited to: NJ Ex Order 26, 4B1 | F0842 | | 06/19/2026 |

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| F0842 SS = D | Continued from page 12 | F0842 | | 06/19/2026 |

NJ Ex Order 26, 4B1

Resident #2's discharge Minimum Data Set (MDS) an assessment tool dated NJ Ex Order 26, 4B1, was reviewed. The MDS revealed that Resident #2 had a Brief Interview for Mental Status Score of NJ Ex Order 26, 4B1 which indicated that the resident's NJ Ex Order 26, 4B1 .

A late entry progress note (PN) written by Licensed Practical Nurse (LPN) #1 dated NJ Exec Order 26.4b1 at 2:27 PM, and entered into the facility electronic medical record on NJ Exec Order 26.4b1 t 2:37 PM, was reviewed. The PN revealed that a NJ Ex Order 26, 4B1 was removed from Resident #2's NJ Ex Order 26, 4B1 without complication and the NJ Exec assessed and found to be clean, dry, and NJ Exec Ord The PN further revealed that Resident #2 was prepared for discharge and left the facility at 2:45 PM, via NJ Exec Order 26.4b1 and was accompanied by a family member.

An interview was conducted with the U. S. FOIA (b) (2) on 05/19/2026 at 2:05 PM. The U. S. FOIA stated that she became aware on the date of the survey (05/19/2026) that Resident #2 was discharged with a U. S. FOIA (b) (2) without a physician order to keep the NJ Ex Order 26 in place; without having care arranged for the NJ Ex Order 26 at the resident's NJ Exec Orde and that facility staff went to the resident's NJ Exec Ord and removed the NJ Ex Order 26 on NJ Ex Order 26, 4B1 .

During the same interview the late entry PN written by LPN #1, dated NJ Exec Order 26.4b1 at 2:47 PM was reviewed with the The U. S. FOIA confirmed that the PN did not reflect that the NJ Ex Order 26 was removed from Resident #2's NJ Ex O on NJ Exec Order 26.4b1 at the resident's NJ Exec Orde The U. S. stated that her expectation was for the PNs to reflect the care provided to the resident. The U. S. FOIA further stated that the PN dated NJ Exec Order 26.4b1 at 2:47 PM was NJ Ex Order 26, 4B1 .

An interview was conducted with LPN #1 on 05/19/2026 at 4:27 PM. LPN #1 stated that she did

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| F0842 SS = D | Continued from page 13<br>not know that Resident #2 had a [NJ Ex Order 26] when she discharged the resident. LPN #1 stated that Nursing Supervisor (NS) #1 informed her that the resident had been discharged with the [NJ Ex Order 26] and NS #1 and LPN #1 went to the resident's [NJ Exec Ord] to remove the [NJ Ex Order 26] on [NJ Ex Order 26, 4B1]. LPN #1 stated that she did not include in her PN that the [NJ Ex Order 26] was removed on [NJ Ex Order 26, 4B1] at the resident's [NJ Exec Ord] LPN #1 further stated that the PNs she writes should reflect what happened, and her PN dated [NJNJ Ex Order 26, 4B1] does not reflect what happened with Resident #2.<br><br>The facility policy "Peripheral IV Catheter Removal" with a revision date of October 2024 was reviewed. Under "General Guidelines" the facility policy revealed "1. Evaluate the continued need for vascular access during provider visits and care planning." This section of the facility policy further revealed that an IV catheter should be removed if vascular access is no longer clinically indicated. Under "Documentation" the facility policy revealed that the date and time of the IV device removal should be documented in the resident's medical record.<br><br>The facility policy "Charting and Documentation" with a revision date of July 2017 was reviewed. Under "Policy Statement" the facility policy revealed that all services provided to the resident, progress toward the care plan goals, or any changes in the resident's condition should be documented in the resident's medical record. This section of the facility policy further revealed that the medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care. Under "Policy Interpretation and Implementation" the facility policy revealed, "2. The following information is to be documented in the resident medical record: […] c. Treatments or services performed; […] e. Events, incidents or accidents involving the resident; [...] 3. Documentation in the medical record will be objective […], complete, and accurate; [...] 7. Documentation of procedures and treatments will include care-specific details, including: a. the date and time the procedure/treatment was provided".<br><br>NJAC 8:39- 35.2(d)16 | F0842 | | 06/19/2026 |

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| S0000 | Initial Comments<br><br>COMPLAINT #: 3015011<br><br>CENSUS: 177<br><br>SAMPLE SIZE: 4<br><br>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 | | 07/01/2026 |
| S0560 | Mandatory Access to Care<br><br>CFR(s): 8:39-5.1(a)<br><br>The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Complaint #:3015011<br><br>Based on review of facility documents on 06/09/2026 it was determined that the facility failed to ensure staffing ratios were met for 14 of 14 day shifts reviewed. This deficient practice had the potential to affect all residents.<br><br>Findings include:<br><br>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 | S0560 | No patients were identified as having been affected.<br><br>All patients have the potential to be affected.<br><br>The Administrator, Director of Nursing and staffing coordinator will meet daily to review nursing staffing to ensure daily minimum direct care staff-to-resident ratios for the day and overnight shifts as mandated by the State of New Jersey are met.<br><br>The Administrator re-educated the DON and Staffing Coordinator on maintaining required minimum direct care staff-to-resident ratios for the day and overnight shifts as mandated by the State of New Jersey. One (1) Certified Nurse Aid (CNA) to every eight (8) residents for the day shift. One (1) 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 One (1) 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.<br><br>Administrator/designee will do 5 staffing audits per week for 4 weeks and additional 2 months to | 06/19/2026 |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| S0560 | Continued from page 1<br>staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:<br><br>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.<br><br>For the 2 weeks of staffing prior to complaint survey from 05/03/2026 to 05/16/2026, the facility was deficient in CNA staffing for residents on 14 of 14-day shifts as follows:<br><br>On 05/03/2026 had 14 CNAs for 177 residents on the day shift, required at least 22 CNAs.<br><br>On 05/04/2026 had 17 CNAs for 176 residents on the day shift, required at least 22 CNAs.<br><br>On 05/05/2026 had 20 CNAs for 175 residents on the day shift, required at least 22 CNAs.<br><br>On 05/06/2026 had 16 CNAs for 175 residents on the day shift, required at least 22 CNAs.<br><br>On 05/07/2026 had 21 CNAs for 173 residents on the day shift, required at least 22 CNAs.<br><br>On 05/08/2026 had 17 CNAs for 173 residents on the day shift, required at least 22 CNAs.<br><br>On 05/09/2026 had 15 CNAs for 173 residents on the day shift, required at least 22 CNAs.<br><br>On 05/10/2026 had 17 CNAs for 173 residents on the day shift, required at least 22 CNAs.<br><br>On 05/11/2026 had 17 CNAs for 172 residents on the day shift, required at least 21 CNAs.<br><br>On 05/12/2026 had 18 CNAs for 171 residents on the day shift, required at least 21 CNAs.<br><br>On 05/13/2026 had 17 CNAs for 171 residents on the day shift, required at least 21 CNAs.<br><br>On 05/14/2026 had 19 CNAs for 171 residents on the | S0560 | Continued from page 1<br>determine if required minimum direct care staff-to-resident ratios for the day and overnight shifts are being met.<br><br>The results of the audit will be reported to the facility QAPI Committee to determine if sufficient compliance has been met. Based on the results of the audit, the QAPI committee will determine continued need for the audit.<br><br>The facility has implemented a multifaceted approach for recruitment and retention of employees, which includes Job fairs, Flexible scheduling, Increased utilization of PRN/Per diem staff (Staff hired without any set hours, usually staff who have another job and pickup extra shifts when the need arises), Implementation of advanced staffing management software system, Multimedia advertisements, Partnership with schools, Sign on bonuses, Referral bonuses, Pick-up shift bonuses, Campaign to rehire staff that have resigned, Rate adjustments, Benefit adjustments, Text message campaigns.<br><br>The facility has developed a Cultural Committee focused on staff retention by focusing on employee experience. Some of the committees' activities include a weekly event for staff where food is provided, as well as bi-monthly large fun event with food and prizes and doing Employee of the Month. The Facility also has seasonal holiday parties, gives all employees presents during each holiday season and celebrates all employee's birthday's once a month.<br><br>The facility participates in a weekly interdisciplinary Recruitment Call with consultants to review open positions, recruitment tactics, and changes to improve outcomes. The facility conducts an exit meeting with any employee who resigns to better improve the employee's experience and help with retention. | 06/19/2026 |

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| S0560 | Continued from page 2<br>day shift, required at least 21 CNAs.<br><br>On 05/15/2026 had 15 CNAs for 171 residents on the day shift, required at least 21 CNAs.<br><br>On 05/16/2026 had 15 CNAs for 174 residents on the day shift, required at least 22 CNAs. | S0560 | | 06/19/2026 |
| S1680 | Mandatory Nurse Staffing<br><br>CFR(s): 8:39-25.2(b)(1)&(2)<br><br>(b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a)) on the basis of:<br><br>1. Total number of residents multiplied by 2.5 hours/day; plus<br><br>2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day:<br><br>Wound care 0.75 hour/day<br><br>Nasogastric tube feedings and/or gastrostomy 1.00 hour/day<br><br>Oxygen therapy 0.75 hour/day<br><br>Tracheostomy 1.25 hours/day<br><br>Intravenous therapy 1.50 hours/day<br><br>Use of respirator 1.25 hours/day<br><br>Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by: | S1680 | No patients were identified as having been affected.<br><br>All patients have the potential to be affected.<br><br>The Administrator, Director of Nursing and staffing coordinator will meet daily to review nursing staffing to ensure daily minimum direct care staff-to-resident ratios for the day and overnight shifts as mandated by the State of New Jersey are met.<br><br>Administrator/designee will do 5 staffing audits per week for 4 weeks and additional 2 months to determine if required minimum direct care staff-to-resident ratios for the day and overnight shifts are being met.<br><br>The results of the audit will be reported to the facility QAPI Committee to determine if sufficient compliance has been met. Based on the results of the audit, the QAPI committee will determine continued need for the audit.<br><br>The facility has implemented a multifaceted approach for recruitment and retention of employees, which includes Job fairs, Flexible scheduling, Increased utilization of PRN/Per diem staff (Staff hired without any set hours, usually staff who have another job and pickup extra shifts when the need arises), Implementation of advanced staffing management software system, Multimedia advertisements, Partnership with schools, Sign on bonuses, Referral bonuses, Pick-up shift bonuses, Campaign to rehire staff that have resigned, Rate adjustments, Benefit adjustments, Text message campaigns.<br><br>The facility has developed a Cultural Committee focused on staff retention by focusing on employee experience. Some of the committees' activities include a weekly event for staff where food is provided, as well as bi-monthly large fun event with food and prizes and doing Employee of the Month. The Facility also has seasonal holiday parties, gives all employees presents during each holiday season and celebrates all employee's birthday's once a month.<br><br>The facility participates in a weekly interdisciplinary Recruitment Call with consultants to review open | 06/19/2026 |

| 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 05/19/2026 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **Merwick Care & Rehabilitation 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 |
|---|---|---|---|---|
| S1680 | Continued from page 3<br>Complaint #: 3015011 Based on review of the Nurse Staffing Reports for 05/03/2026 to 05/16/2026, it was determined that the facility failed to provide at least minimum staffing levels for 1 of 14 days. The required staffing hours and actual staffing hours are as follows:<br><br>For the week of 05/03/2026<br><br>Required Staffing Hours: 471.75<br><br>On 05/09/2026 had 440.00 actual staffing hours, for a difference of -31.75 hours. | S1680 | Continued from page 3<br>positions, recruitment tactics, and changes to improve outcomes. The facility conducts an exit meeting with any employee who resigns to better improve the employee's experience and help with retention. | 06/19/2026 |

| 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 06/26/2026 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **Merwick Care & Rehabilitation 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<br><br>An offsite/desk review of the facility's Plan of Correction was conducted on 06/26/2026 in relation to the 05/19/2026 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. | F0000 | | 06/26/2026 |

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: **11103L** | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED **06/26/2026** |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **Merwick Care & Rehabilitation 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<br><br>An offsite/desk review of the facility's Plan of Correction was conducted on 06/26/2026 in relation to the 05/19/2026 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 | | 06/26/2026 |

Office of Primary Care and Health Systems Management

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