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 07/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERWICK POST ACUTE	**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 #: 2617122, 2641870, 2807963, 3021697, 3070956, 3096566 Survey Date: 7/7/26 Census: 182 Sample Size: 7 The facility was in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	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 07/07/2026

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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		
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 review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 35 day shifts. The deficient practice was evidenced by the following: 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 nurse aide duties: and one direct care staff member to every 14 residents for the night shift, provided	S0560	No patients were identified as having been affected. All patients have the potential to be affected. 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. Administrator/designee will do 5 staffing audits per week for 12 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. The results of the audit will be reported to the facility QAPI Committee every month for 3 months 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. The facility continues to hold 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,	08/31/2026

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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 07/07/2026

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S0560	Continued from page 1 that each direct care staff member shall sign in to work as a CNA and perform CNA duties. For the week of staffing from 9/28/25 to 10/4/25, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows: -9/28/25 had 13 CNAs for 149 residents on day shift, required at least 19 CNAs. -9/29/25 had 11 CNAs for 149 residents on day shift, required at least 19 CNAs. -9/30/25 had 16 CNAs for 149 residents on day shift, required at least 19 CNAs. -10/1/25 had 14 CNAS for 149 residents on day shift, required at least 19 CNAs. -10/2/25 had 18 CNAs for 149 residents on day shift, required at least 19 CNAs. -10/3/25 had 16 CNAs for 152 residents on day shift, required at least 19 CNAs. -10/4/25 had 11 CNAs for 152 residents on day shift, required at least 19 CNAs. For the weeks of staffing from 1/18/26 to 1/24/26, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows: -1/18/26 had 13 CNAs for 161 residents on day shift, required at least 20 CNAs. -1/19/26 had 12 CNAs for 161 residents on day shift, required at least 20 CNAs. -1/20/26 had 16 CNAs for 161 residents on day shift, required at least 20 CNAs. -1/21/26 had 17 CNAs for 161 residents on day shift, required at least 20 CNAs. -1/22/26 had 17 CNAs for 161 residents on day shift, required at least 20 CNAs. -1/23/26 had 13 CNAs for 174 residents on day shift, required at least 20 CNAs. -1/24/26 had 14 CNAs for 161 residents on day shift, required at least 20 CNAs.	S0560	Continued from page 1 Campaign to rehire staff that have resigned, Rate adjustments, Benefit adjustments, Text message campaigns. The facility has developed a Cultural Committee focused on staff retention by focusing on employee experience. The facility has also initiated a mentorship program where new hire has been assigned to guide them during their initial days of employment to ensure smooth transition. 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. 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.	08/31/2026

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S0560	Continued from page 2 For the weeks of staffing from 3/15/26 to 3/21/26, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows: -3/15/26 had 14 CNAs for 186 residents on day shift, required at least 23 CNAs. -3/16/26 had 13 CNAs for 183 residents on day shift, required at least 23 CNAs. -3/17/26 had 15 CNAs for 183 residents on day shift, required at least 23 CNAs. -3/18/26 had 14 CNAs for 179 residents on day shift, required at least 22 CNAs. -3/19/26 had 14 CNAs for 179 residents on day shift, required at least 22 CNAs. -3/20/26 had 11 CNAs for 175 residents on day shift, required at least 22 CNAs. -3/21/26 had 12 CNAs for 175 residents on day shift, required at least 22 CNAs. For the weeks of staffing from 6/21/25 to 7/4/26, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -6/21/26 had 11 CNAs for 168 residents on day shift, required at least 21 CNAs. -6/22/26 had 17 CNAs for 167 residents on day shift, required at least 21 CNAs. -6/23/26 had 16 CNAs for 164 residents on day shift, required at least 22 CNAs. -6/24/26 had 18 CNAs for 164 residents on day shift, required at least 20 CNAs. -6/25/26 had 17 CNAs for 164 residents on day shift, required at least 20 CNAs. -6/26/26 had 14 CNAs for 164 residents on day shift, required at least 20 CNAs. -6/27/26 had 19 CNAs for 172 residents on day shift, required at least 21 CNAs. -6/28/26 had 13 CNAs for 171 residents on day shift, required at least 12 CNAs. -6/29/26 had 20 CNAs for 171 residents on day	S0560		08/31/2026

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S0560	Continued from page 3 shift, required at least 21 CNAs. -6/30/26 had 20 CNAs for 171 residents on day shift, required at least 21 CNAs. -7/1/26 had 15 CNAs for 171 residents on day shift, required at least 21 CNAs. -7/2/26 had 18 CNAs for 174 residents on day shift, required at least 22 CNAs. -7/3/26 had 13 CNAs for 174 residents on day shift, required at least 22 CNAs. -7/4/26 had 16 CNAs for 174 residents on day shift, required at least 22 CNAs.	S0560		08/31/2026

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F0000	INITIAL COMMENTS There were no federal deficiencies identified during this survey.	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.

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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 9/1/26 in relation to the 7/7/26 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		

Office of Primary Care and Health Systems Management

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