

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315464		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/01/2026	
NAME OF PROVIDER OR SUPPLIER CAREONE AT EVESHAM				STREET ADDRESS, CITY, STATE, ZIP CODE 870 EAST ROUTE 70 , MARLTON, New Jersey, 08053			
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F0000	INITIAL COMMENTS Complaint #: 2799503, 2805511 Survey Date: 5/1/26 Census: 99 Sample Size: 4 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			06/09/2026	
F0689 SS = D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: COMPLAINT #2083729, 2805511 Based on interviews, review of medical records and pertinent facility documentation on [REDACTED], it was determined that the facility failed to thoroughly investigate a [REDACTED] after the resident reported to staff that their [REDACTED] which the facility labeled as [REDACTED]. This deficient practice was identified for 1 of 3 residents		F0689	F0689 Resident # 2 no longer resides in the facility All residents with fall-related incidents have the potential to be affected by this practice. On 5/4/2026, the [REDACTED] U. S. FOIA (b) (2) provided in-service education to RN#1, the Licensed Practical Nurses (LPNs) and Registered Nurses (RNs) working the 7-3pm, 3-11pm and 11-7am shifts on the facility's policies titled, "Assessing Falls and Their Causes," and "Accidents and Incidents – Investigating and Reporting." Education included but was not limited to the creation of an incident report with all fall-related incidents. Staff acknowledge understanding of the facility's policies. On 5/4/2026, the [REDACTED] U. S. FOIA provided in-service education to the [REDACTED] U. S. FOIA (b) (2) on the facility's policies including facility's policies titled, "Assessing Falls and Their Causes," and "Accidents and Incidents – Investigating and Reporting." Education included but was not limited to ensuring the investigation includes statements from the		06/10/2026	

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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F0689 SS = D	Continued from page 1 (Resident #2) reviewed for [REDACTED] and was evidenced by the following: Resident #2 was no longer at the facility at the time of the survey. A closed record review was conducted. A review of the Admission Record revealed that Resident #2 was admitted to the facility with diagnoses that included but were not limited to: NJ Ex Order 26, 4B1 Review of the comprehensive Minimum Data Set (MDS) an assessment tool used to facilitate the management of care, dated [REDACTED] indicated that Resident #2 had a Brief Interview for Mental Status (BIMS) score of [REDACTED] indicating that the resident's NJ Ex Order 26, 4B1. Review of Resident #2's Care Plan (CP) revealed a focus related to the resident being at risk for [REDACTED] due to having an [REDACTED] which was initiated on [REDACTED]. A review of an Incident Report (IR) provided by the facility, dated [REDACTED], revealed that the resident had an NJ Ex Order 26, 4B1. The resident was observed to have [REDACTED] around the [REDACTED]. The resident reported being [REDACTED] it happened. A review of Resident #2's progress notes (PN) revealed a physician note dated [REDACTED] which revealed that the resident was assessed by a physician due to a recent NJ Ex Order 26, 4B1 to the [REDACTED]. Further review of the PN revealed a nursing note dated [REDACTED], which stated that the resident reported that the [REDACTED] occurred because the resident [REDACTED]. According to the Facility Reportable Event (FRE) which the facility submitted to to the Department of Health or [REDACTED], a nurse observed a [REDACTED] on the resident's [REDACTED] while providing care. The resident was unsure how the [REDACTED] occurred at the time. The facility concluded that the [REDACTED] was determined to be of [REDACTED]. No information was provided to the surveyor that the facility reassessed the	F0689	Continued from page 1 residents, staff and witnesses; any environmental factors; root cause analysis; fall risk assessment; revision of the plan of care with individualized interventions. The [REDACTED] acknowledged understanding of this education. On 6/4/2026, the [REDACTED] conducted an audit of the last 30 days of incident reports to ensure accuracy in the investigation, including statements and root cause analysis. There were no untoward findings of the audits. The Director of Nursing or designee will conduct audits of 100% of incident reports to ensure incidents, including but not limited to falls are fully investigated. Audits will be conducted daily x 5 days, then weekly x 4 weeks, then monthly x 3 months. Results of the audits will be provided monthly x 3 months, to the Administrator and the Quality Assurance Performance Improvement (QAPI) Committee for review and recommendation for further audits, if needed. The QAPI Committee meets monthly. Completion Date 6/10/26	06/10/2026

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F0689 SS = D	Continued from page 2 incident as a result of a [REDACTED] as indicated in the PN above. An interview was conducted on 5/1/26 at 1:40 PM, with Registered Nurse (RN #1) who stated that if a resident reported that [REDACTED] she would report to a supervisor immediately, and an incident report would be completed along with a Risk Assessment. RN #1 stated that she remembered seeing Resident #2 with a [REDACTED] one morning and she reported it immediately. She further stated that the resident's family had mentioned that Resident #2's [REDACTED] [REDACTED] when the resident [REDACTED] [REDACTED] When the surveyor asked RN #1 what she did after the resident family's report, she stated that she told the nursing supervisor who informed her the [REDACTED] was already being investigated. RN #1 further stated that she was not sure if a [REDACTED] report was completed. The Surveyor requested for a list of all residents that [REDACTED] NJ Ex Order 26, 4B1 in the month of [REDACTED] NJ Ex Order 26, 4B1 which did not include Resident #2. No documentation was provided that Resident #2's [REDACTED] NJ Ex Order 26, 4B1 An interview was conducted on 5/1/26 at 2:28 PM with the [REDACTED] U. S. FOIA (b) (2) [REDACTED] NJ Ex Order 26, 4B1 she stated that if a resident reported [REDACTED] NJ Ex Order 26, 4B1, she expected staff to start gathering information about [REDACTED] NJ Ex Order 26, 4B1. She further stated that she expected that staff would complete an IR, and that an investigation would be initiated into the incident for the the team to determine if any interventions needed to be updated and/or added to ensure that residents remained safe. In the presence of surveyor, [REDACTED] U. S. FOIA (b) (2) [REDACTED] reviewed the PN for the resident which revealed that the resident had a [REDACTED] NJ Ex Order 26, 4B1 A joint interview was conducted on 5/1/26 at 4:35 PM with the [REDACTED] U. S. FOIA (b) (2) [REDACTED] [REDACTED] The surveyor asked if the facility was aware that the resident's report of [REDACTED] NJ Ex Order 26, 4B1 and they both stated "yes." The surveyor asked if the facility's [REDACTED] NJ Ex Order 26, 4B1 policy had been fully implemented and they stated that it had not. Review of the facility's "Assessing Falls and Their Causes" policy, revised March 2018, revealed that after a fall an IR would be completed within 24 hours of the fall by the nursing supervisor. The policy	F0689		06/10/2026

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F0689 SS = D	Continued from page 3 further revealed that an attempt to identify a cause would begin within 24 hours. Review of the facility's "Accidents and Incidents - Investigating and Reporting" policy, revised July 2017, revealed that, "...The circumstances surrounding the accident or incident..." along with any follow-up information and pertinent data would be included in the "Report of Incident/Accident" form. N.J.A.C. 8:39-27.1(a)	F0689			06/10/2026

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S0000	Initial Comments Complaint #: 2799503, 2805511 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			06/09/2026
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 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 26 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			S0560	The Administrator and the Director of Nursing immediately reviewed the daily staffing to ensure the minimum direct care staff -to-resident ratios: (1) one certified nurse aide to every eight residents for the day shift; (2) 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 certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and (3) 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 certified nurse aide and perform certified nurse aide duties. On 5/4/2026the Administrator posted a flyer near the employee timeclock to educate non-direct care staff on the Certified Nursing Assistant course being offered at a sister facility. The Director of Nursing requested assistance from sister Care-One facilities to assist with C.N.A staffing. The Director of Nursing and Director of Rehab assigned patients to Occupational and Physical Therapist to assist with morning activities of daily living. The Administrator implemented a "weekend warrior campaign" to hire for weekend staffing needs.		06/10/2026

Office of Primary Care and Health Systems Management

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S0560	Continued from page 1 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 weeks of staffing from 03/1/2026 - 03/14/2026, the facility was deficient in CNA staffing for 14 of 14 day shifts as follows: -3/01/26 had 7 CNAs for 111 residents on the day shift, required at least 14 CNAs. -3/02/26 had 9 CNAs for 109 residents on the day shift, required at least 14 CNAs. -3/03/26 had 11 CNAs for 109 residents on the day shift, required at least 14 CNAs 3/04/26 had 8 CNAs for 109 residents on the day shift, required at least 14 CNAs. -3/05/26 had 9 CNAs for 109 residents on the day shift, required at least 14 CNAs. -3/06/26 had 9 CNAs for 111 residents on the day shift, required at least 14 CNAs. -3/07/26 had 12 CNAs for 108 residents on the day shift, required at least 13 CNAs. -3/08/26 had 11 CNAs for 108 residents on the day shift, required at least 13 CNAs. -3/09/26 had 6 CNAs for 106 residents on the day shift, required at least 13 CNAs. -3/10/26 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs -3/11/26 had 8 CNAs for 106 residents on the day shift, required at least 13 CNAs. -3/12/26 had 6 CNAs for 106 residents on the day shift, required at least 13 CNAs. -3/13/26 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs. -3/14/26 had 10 CNAs for 105 residents on the day shift, required at least 13 CNAs. For the weeks of staffing from 04/12/2026 -	S0560	Continued from page 1 The Administrator implemented an incentive program for staff including shift pick up bonuses. No residents were adversely affected by this practice. All residents have the potential to be affected by this practice. On 5/4/2026 The Administrator and Director of Nursing provided education to the staffing coordinator that included but was not limited to the state regulations for CNA staffing: 1:8 for 7-3p; 1:10 for 3-11p; 1:14 for 11-7a. The facility utilized social media, employment sites, and recruitment efforts to hire new staff members. Facility assigned patients to physical and occupational therapy to assist with morning activity of daily living. Facility scheduled Licensed Practical Nurses to work as Certified Nursing Aides. The facility has implemented an incentive program including shift pick up bonuses, sign-on bonuses, and referral bonuses for employees referring staff where appropriate. The facility utilized a Talent Acquisition Representative to assist with setting up interviews with qualified candidates The Director of Nursing or designee will review staffing daily to ensure Certified Nursing Assistant staffing meets the minimum staff-to-resident ratios. This audit will be conducted daily on an on-going basis. The Director of Nursing or designee will report the findings of staff-to-resident ratios to the Administrator and the Quality Assurance Performance Improvement Committee (QAPI) at the monthly meeting on an on-going basis. The QAPI committee will review and determine the need for further follow up. Completion Date 6/10/26	06/10/2026	

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S0560	Continued from page 2 04/25/2026, the facility was deficient in CNA staffing for 12 of 14 day shifts as follows: -4/12/26 had 8 CNAs for 97 residents on the day shift, required at least 12 CNAs. -4/13/26 had 10 CNAs for 97 residents on the day shift, required at least 12 CNAs. -4/14/26 had 10 CNAs for 93 residents on the day shift, required at least 12 CNAs. -4/15/26 had 9 CNAs for 92 residents on the day shift, required at least 11 CNAs. -4/16/26 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs. -4/17/26 had 9 CNAs for 91 residents on the day shift, required at least 11 CNAs. -4/18/26 had 8 CNAs for 91 residents on the day shift, required at least 11 CNAs. -4/19/26 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs. -4/20/26 had 9 CNAs for 89 residents on the day shift, required at least 11 CNAs. -4/23/26 had 10 CNAs for 89 residents on the day shift, required at least 11 CNAs. -4/24/26 had 10 CNAs for 99 residents on the day shift, required at least 12 CNAs. -4/25/26 had 9 CNAs for 99 residents on the day shift, required at least 12 CNAs.	S0560				06/10/2026	

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 6/16/26 in relation to the 5/1/26 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.		F0000			06/16/2026	

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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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 6/16/26 in relation to the 5/1/26 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			06/16/2026

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