STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315500	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN LAKE HEALTHCARE AT VOORHEES	**1086 DUMONT CIRCLE , 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 Complaints #: 2590169 Survey Date: 11/07/2025 Census: 110 Sample Size: 3 The NJDOH conducted a complaint survey was conducted on 11/07/2025. The survey was officially completed on 12/01/2025. To determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities and found the facility was not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities.	F0000		01/02/2026
F0659 SS = D	Qualified Persons CFR(s): 483.21(b)(3)(ii) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (ii) Be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is NOT MET as evidenced by: Based on interviews, record reviews, and review of pertinent facility documentation, it was determined that the facility failed to ensure that services were delivered by qualified staff with the necessary skills, experience, and knowledge. As a result, care was not provided in accordance with the resident's assessed needs and plan of care. This deficiency was identified in 1 of 3 residents reviewed (Resident #1). This deficient practice was evidenced by the following: During an interview with the surveyor on 11/07/25 at	F0659	PLAN OF CORRECTION – F0659 Qualified Persons Provider Name: Tag: F0659 – Qualified Persons Regulation: 483.21(b)(3)(ii) Completion Date: January 2, 2026 1. Corrective Action for the Identified Resident (Resident #1) Resident #1 [NJ Exec Order 26.] resides in the facility. 2. Identification of Other Residents Who Could Be Affected The facility determined that all residents have the potential to be affected by this deficient practice, this can be indicated by reviewing the residents'	01/02/2026

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: 315500	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/07/2025

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F0659 SS = D	Continued from page 1 11:10 AM, the U.S. FOIA (b)(6)) explained that the Resident #1's NJ Exec Orde pays for a NJ Exec Order 26.4b1) to be with the resident from 3:00 PM to 8:00 PM, NJ Exec Order 2 through NJ Exec Order 26.4 . The facility did not provide any training to the NJ Exe before she began working with the resident. The U.S. FOIA reported that the NJ Exe is not NJ Exec Order 26.4 to provide care such as NJ Exec Order 26 NJ Exec Order 2 , NJ Exec Order 26.4b1 , or NJ Exec Order 26 with NJ Exec Order 26.4b1 , and is expected to report any care needs to facility staff. Despite this, the NJ Exe has been NJ Exec Order 26.4b multiple times for providing care. The discussed the issue with the resident's family, and the resident's NJ Exec Order 26 stated she would address it with the NJ Exec The U.S. FOIA has no documentation of these conversations. During an interview with the surveyor on 11/07/2025 at 1:40 PM, the U.S. FOIA (b)(6) reported that she had worked at the facility for over NJ Exec Order 26 and had observed the NJ Exe NJ Exec Order 2 Resident #1 and NJ Exec Order the resident's NJ Exec O during care provided by the CNAs. She stated that she was unsure whether the NJ Exe had received any training and was not aware of any facility policy regarding NJ Exe or NJ Exec Order 26.4b1 . During an interview with the surveyor on 11/07/2025 at 2:11 PM, the U.S. FOIA (b)(6) U.S. FOIA (b)(6)) explained that Resident #1's NJ Exec Ord hired the NJ Exe to provide NJ Exec Order 26.4b1 support for the resident. The NJ Exec Ord arranged for the NJ Exec to be with the resident NJ Exec days a week from 3:00 PM to 8:00 PM, and when the NJ Exec was not present, the resident's NJ Exec Order 26 or another NJ Exec Order 26.4b1 remained at the bedside. The U.S. FOIA (b) reported that the family did not allow the facility to have any involvement with the NJ Exec and would not permit the facility to speak with NJ Exe . A review of Resident #1's admission record, an admission summary, revealed the resident was admitted to the facility with diagnoses including, but not limited to NJ Exec Order 26.4b1 , and NJ Exec Order 26.4b1 A review of Resident #1's quarterly Minimum Data Set (MDS), an assessment tool used to facilitate care management, dated NJ Exec Order 26.4b1 , included a Brief Interview for Mental Status (BIMS) score of NJ E out of	F0659	Continued from page 1 medical record. 3. Systemic Changes to Prevent Recurrence The U.S. FOIA (b)(6)) and U.S. FOIA (b)(6) were educated by the Regional Director of Nursing on 11-30-25 regarding proper documentation, and education requirements for all discussions with responsible parties and sitters regarding sitter expectations not performing resident care, and care planning requirements related to private sitters' involvement, and sitters adhere to permitted duties. 4. Monitoring and Quality Assurance The DON or designee will conduct random audits of 3 residents 3 times per week for 4 weeks, then 1 time per week for an additional 8 weeks, to verify that any resident with a private sitter. Resident medical record has documentation of sitters understanding of permitted duties Private sitters are not performing resident care; Resident care plans accurately reflect sitter involvement; Sitters adhere to permitted duties. Results of all audits will be reviewed during monthly Quality Assurance and Performance Improvement (QAPI) meetings and quarterly QA to Committee meetings. The Administrator is responsible for oversight and ensuring sustained compliance. The QAA committee will review the effectiveness of the implemented corrective actions and determine if further action is needed. If necessary, the QAA committee	01/02/2026

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F0659 SS = D	Continued from page 2 15, indicating NJ Exec Order 26.4b1. A review of Resident #1's individual comprehensive care plan, dated NJ Exec Order 26.4b1, identified focus areas related to an NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1), NJ Exec Order 26., NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1. Interventions included NJ Exec staff NJ Exec Order 26.4b1 and the provision of NJ Exec Order 26.4b1 to help the resident complete tasks and ADLs. The care plan did not indicate that the resident had a NJ Exec A review of a facility policy undated titled, "Private Duty Nurse, Aide, or Caregiver Services", revealed that, "Caregivers/Companions may help with social or basic care needs but cannot perform nursing or aides duties." NJAC 8:39-11.2(b)	F0659	Continued from page 2 will make adjustments to protocols or corrective actions to ensure continued compliance and improvement.	01/02/2026

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 158336	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/07/2025

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S0000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 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 Regulation.	S0000		01/02/2026
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 other facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios as mandated by the state of New Jersey. This deficient practice was identified for 1 out of 28-day shifts, reviewed. 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 staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. "Direct care staff member" means any registered professional nurse, licensed practical nurse, or certified nurse aide who is acting in accordance with that individual's authorized scope of practice and pursuant to documented employee time schedules. The following ratio(s) were effective on 02/01/2021:	S0560	Tag S560 Corrective Action The following corrective actions have been accomplished for the identified deficiency: Efforts to hire more facility staff to allow us to have adequate or more than adequate staff to serve our residents have been ramped up. In meantime the facility will utilize agencies to fill open slots in the schedule. Identification of At-Risk Resident All residents have the potential to be affected by the deficient practice of not meeting the NJ staffing requirement ratios. Systemic Change 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	01/02/2026

Office of Primary Care and Health Systems Management

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S0560	Continued from page 1 One 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 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 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. As per the "Nursing Staffing Report" completed by the facility as documented below: For the 11/7/25 complaint survey, the three weeks of AAS-11 staffing (the weeks of 8/3/25, 10/19/25, and 10/26/25) were as follows: For the week of Complaint staffing from 8/3/2025 to 8/9/2025, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows: -08/07/25 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs. On 11/7/25 at 9:55 AM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) who stated he was aware of the staffing ratio requirements and believed the facility was doing well with staffing, that currently with the holidays coming staff wanted to work. He also added the facility was not using any agency staff. **A review of the facility "Staffing Policy" updated and reviewed 6/20/24, included…" Our facility will** provide sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and facility assessment. Licensed nurses and certified nursing assistants are available 24 hours a day to provide direct resident care services. One CNA to every eight residents for the day shift; One direct care staff member (RN, LPN, or CNA) to every 10 residents for the evening shift; and One direct care staff member (RN, LPN or CNA) to every 14 residents for the night shift.	S0560	Continued from page 1 such as gift cards and bonuses. Many agencies are being utilized to fill in any open 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. NJ Exec Order 26.40 payout system implemented for staff to receive instant pay as incentive to employ more staff. Overtime is made available to all current employees. 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 QA committee for 12 months.	01/02/2026

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 1/2/2026 in relation to the 11/7/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		03/30/2026

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.

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 1/2/2026 in relation to the 11/7/2025 State of New Jersey Re-Licensure 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		03/30/2026

Office of Primary Care and Health Systems Management

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