STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315201	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE REHABILITATION AND HEALTHCARE CENTER	255 EAST MAIN ST , MOORESTOWN, New Jersey, 08057

(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: NJ # 2615600, 2600508 Survey Date: 11/6/25 Census: 157 Sample Size: 4 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey. 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		12/01/2025
F0610 SS = D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is NOT MET as evidenced by:	F0610	F 0610 (D) Investigate/Prevent/Correct Alleged Violation How the corrective action will be accomplished for those residents found to have been affected by the deficient practice; these are the residents specified in the SOD Resident #2 was discharged from the center on NJ Ex Order 26.4(b)(1) CNA #1, who was identified as not following the plan of care, was re-educated on following the plan of care for NJ Ex Order 26.4(b)([redacted] residents requiring NJ Ex Order 26.4(b)(1) A statement was obtained from CNA #3 and added to the investigative file. How the facility will identify other residents having the potential to be affected by the same deficient practice.	12/01/2025

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: 315201	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/06/2025

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F0610 SS = D	Continued from page 1 Based on interview, record review and review of pertinent documents it was determined that the facility failed to ensure a thorough investigation was conducted to identify the causal factor of [redacted] for [redacted] resident who was [redacted], that resulted in a [redacted] and NJ Ex Order 26.4(b)(1), and required emergent transfer to the hospital on [redacted]. This deficient practice occurred for 1 of 3 residents (Resident #2) reviewed for accidents and incidents, and was evidenced by the following: On 11/6/25 at 11:30 AM, the surveyor reviewed the closed medical record (Electronic and Paper) for Resident #2. According to the Admission Record, Resident #2 was admitted to the facility with diagnoses which included but were not limited to; NJ Ex Order 26.4(b)(1), [redacted], NJ Ex Order 26.4(b)(1), [redacted]. A review of the Admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, with an assessment reference date (ARD) of [redacted], revealed that Resident #2 scored [redacted] out of 15 on the Brief Interview for Mental Status (BIMS), indicative of NJ Ex Order 26.4(b)(1). Further review of the MDS indicated that Resident # 2 was [redacted] staff for care, required a NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1). Had [redacted] on NJ Ex Order 26.4(b)(1). A review of the QAPI Report dated [redacted], provided by the facility, reflected that Resident #2 [redacted] with [redacted] which included, [redacted] and required an emergent transfer to the hospital for treatment. The investigation concluded that the resident [redacted]. The [redacted] performed tasks properly according to protocol. On 11/6/25 at 11:15 AM the surveyor reviewed the MDS Assessment dated [redacted] which revealed that Resident #2 was [redacted] on staff for care, had NJ Ex Order 26.4(b)(1) and required NJ Ex Order 26.4(b)(1) with care. On 11/6/25 12:15 PM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that the resident although [redacted] was able to NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) during care. That same day at	F0610	Continued from page 1 Residents who reside in the facility have the potential to be affected. All falls 11/6/25 to present were audited for evidence of a thorough investigation. No variances were observed. What measures will be put into place or systemic changes made to ensure that the deficient practice would not recur. The Regional Director of Clinical Services educated the U.S. FOIA (b) (6) and U.S. FOIA (b) (6) on the importance and completion of thorough investigations which includes statements from all involved parties to prevent potential abuse, neglect, exploitation or mistreatment. The Administrator or Designee will re-educate staff on Abuse Prevention, Investigation and the importance of their role in an investigation of an allegation, incident or accident and the completion of witness statements. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic change? The Administrator or Designee will review up to five (5) falls and investigations to ensure evidence of a thorough investigation daily x5, weekly x4 weeks and then monthly x2 months. Results of these audits will be presented to the Quality Assurance Performance Improvement team monthly for continued review for a period of 3 months and recommendations to revise as needed. The Quality Assurance Performance Improvement committee will determine the need for further and continued action. The Quality Assurance Performance Improvement committee consists of the Administrator, Director of Nursing, Medical Director, and Infection Preventionist as well as other interdisciplinary members.	

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F0610 SS = D	Continued from page 2 1:30 PM the U.S. FOIA informed the survey team that Resident #2 did not have bedrails in use. On 11/6/25 at 12:40 PM, during a telephone interview with the U.S. FOIA (b) (6) who cared for Resident #2 at time of NJ Ex Order, she stated that Resident #2 was NJ Ex Order 26.4(b)(1) staff, required NJ Ex Order 26.4(b)(1) with care. On 11/6/25 at 1:22 PM, the surveyor interviewed the U.S. FOIA regarding the MDS coding. She explained to the surveyor that the data to complete the MDS was obtained from communication from the nursing staff and the CNA Plan of Care. The U.S. FOIA (b) (6) provided the Plan of Care for Resident #2. The Plan of Care revealed that the resident was NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)) the NJ Ex Order does NJ Ex Order 26.4. Or NJ were required to perform the activity. On 11/6/25 at 1:26 PM, the surveyor interviewed a random CNA (CNA #3) on the unit where Resident #2 resided. Upon inquiry, CNA# 3 stated that she was familiar with the resident's care routine. The CNA stated that Resident #2 got out of bed only for NJ Ex O Resident #2 was NJ Ex Order 26.4(b)(1) staff and required NJ Ex Order 26.4(b)(1) for care and NJ Ex Order 26. The surveyor asked the CNA where the documentation regarding the care required by Resident #2 could be located. The CNA stated that the care was entered on the Plan of care. CNA #3 showed the resident the NJ Ex Order 2 and verified that Resident #2 was NJ Ex Order 26.4(b)(for care, the resident NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1) . CNA #3 informed the surveyor that she had been taking care of the resident for the last three years. The CNA stated that Resident #2 was a NJ Exec Order 26.4b1. When asked to elaborate she stated, "Resident #2 was NJ Ex Order 26.4(b)(1) required NJ with care. Resident #2 could not NJ Ex Order 2 as they were NJ Ex Order 26.4(She cared for the resident with her hallway partner daily. The CNA further stated that the day of the NJ E she was about to leave the unit when she observed the resident NJ Ex Order and both CNA #1 and CNA #2 were in the room. She went to the nursing station and informed the nurse. The facility did not provide any statement from CNA #3. On 11/6/25 at 2:00 PM, the surveyor interviewed the U.S. FOIA regarding the plan of care implemented for Resident #2. The U.S. FOIA stated again that she did not look at the MDS coding yet and could not comment on the plan of care. On 11/6/25 at 2:05 PM, the surveyor reviewed the MDS	F0610		

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F0610 SS = D	Continued from page 3 coding with the U.S. FOIA and asked if the CNA should have followed the plan of care. In the presence of the survey team, the U.S. FOIA stated, "yes". The CNAs should have followed the plan of care". The facility concluded that CNA #1 performed tasks properly per protocols. Resident #2 moved NJ Ex Order 26.4 which NJ Ex Order 26.4(b)(1) and they NJ Ex Order 26.4(b)(1), NJ Exec Order 26.4b1. Root Cause: Residen NJ Ex Order 26.4(b) , which caused NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) while in bed. On 11/6/25 at 2:18 PM, during a telephone interview with CNA #1 who cared for Resident #2 on NJ Ex Order, she stated that Resident #2 did not NJ Ex Order 26.4(b)(1). CNA #1 stated that she did not check the plan of care prior to provide care to Resident #2. She was not aware that Resident #2 required NJ Ex Order 26.4(b)(1) with care. CNA #1 further stated that she did not get report from the 7:00 AM-3:00 PM shift regarding Resident #2's plan of care. However, the investigation was completed and closed on NJ Ex Order 26. 62 days had elapsed, and the facility could not comment on the plan of care required by Resident #2. Based on the assessment provide and dated NJ Ex Order 26.4 Resident #2 required NJ Ex Order 26.4(b)(1) with care. On 11/6/25 at 2:45 PM, the U.S. FOIA did not provide the in-service education that was done following the incident. The U.S. FOIA provided an in-service education dated NJ Ex Order 26 regarding ADL. The CNA involved with the fall o NJ Ex Order 2 was not in attendance. NJAC 8:39-9.4(f)	F0610		
F0689 SS = G	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:	F0689	F 0689 (G) Free of Accident Hazards/Supervision/Devices How the corrective action will be accomplished for those residents found to have been affected by the deficient practice; these are the residents specified in the SOD. Resident #2 was discharged from the center on NJ Ex Order 26.4(b)(1) CNA #1, who was identified as not following the plan of care, was re-educated on plan of care for NJ Ex Order 26.4(b)(residents requiring NJ Ex Order 26.4(b)(1) .	12/01/2025

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F0689 SS = G	Continued from page 4 Based on interview, record review and review of pertinent facility documentation, it was determined that the facility failed to ensure a resident's plan of care was followed and communicated to all facility staff to prevent [redacted] Resident #2 [redacted] and [redacted] with a [redacted] which required transferring Resident #2 to the hospital. This deficient practice was identified for one of three residents (Resident #2) reviewed for accidents and incidents. This deficient practice was evidenced by the following: On 11/6/25 at 10:15 AM, the surveyor reviewed Resident #2's closed electronic Medical Record (EMR). A review of the Face Sheet (an admission summary) reflected that Resident #2 was admitted to the facility with diagnoses which included but were not limited to; [redacted]. A review of the quarterly Minimum Data Set (MDS), an assessment tool dated [redacted], reflected that Resident #2 scored [redacted] out of 15 on the Brief Interview for Mental Status (BIMS), which indicated the resident had [redacted]. Section [redacted] of the MDS addressed [redacted] and indicated that Resident #2 was assessed as being [redacted] staff for care. Resident #2 received a score of [redacted] which indicated that the [redacted] completed the activity or the [redacted] were required for the resident to complete the activity. Section [redacted] of the MDS referred to [redacted] and indicated that Resident #2 had [redacted]. A review of the interdisciplinary comprehensive care plan (ICCP) initiated on [redacted], revealed a focus area that Resident #2 was at risk for [redacted] related to [redacted] and [redacted]. The ICCP goal was that Resident #2 would be [redacted] through the next review date of [redacted]. The [redacted] ICCP interventions included; to [redacted] and /or [redacted] the resident to [redacted] and [redacted] due to [redacted]	F0689	Continued from page 4 How the facility will identify other residents having the potential to be affected by the same deficient practice. All dependent residents requiring [redacted] regarding [redacted] which includes [redacted] have the potential to be affected. All dependent residents were screened for bed mobility to determine their needs, and those needs identified and care planned for the prevention of falls. What measures will be put into place or systemic changes made to ensure that the deficient practice would not recur. The Director of Nursing or Designee will re-educate nursing staff on the importance of following the resident's plan of care for the prevention of falls. The Director of Nursing or Designee will re-educate the nursing staff on the importance of reviewing the resident's plan of care prior to rendering services to ensure residents receive adequate assistance to prevent accidents. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic change? The Director of Nursing or Designee will select five (5) residents, deemed at risk for falls, to ensure the resident's current LOC and needs are accurately reflected on the POC, care plan and coded on the MDS (Section GG) daily x5 days, weekly x4 weeks and then monthly x2 months. Results of these audits will be presented to the Quality Assurance Performance Improvement team monthly for continued review and recommendations until compliance is maintained. The Quality Assurance Performance Improvement committee will determine the need for further and continued action. The Quality Assurance Performance Improvement	

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F0689 SS = G	Continued from page 5 NJ Ex Order 26.4(b)(1) . Be sure call light is within reach and provide reminders to use call light for assistance as needed. Create a safe environment, floors clear of NJ Exec Order 26.4b1, adequate lighting. Educate resident, involved family members, and caregivers about safety reminders, NJ Exec Order 26.4b1, and what to do if a NJ Ex occurs. Monitor for safety due to NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). Document findings and interventions. The ICCP was revised on NJ Ex Order, after NJ Ex Or and included the following: "Determine and address causative factors of NJ Ex Order 26 Review of the ICCP for ADL (Activities of Daily Living) NJ Ex Order 26.4(b)(1) related to NJ Ex Order 26.4(b), initiated on NJ Ex Order 26.4(b)(1), revealed that the resident was NJ Ex Order 26.4(b)(1) staff for NJ Ex Order 26. used NJ Ex Order 26.4(b)(1) when out of bed, required NJ Ex Order 26.4(b)(1) with grooming/personal hygiene, a NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(and to educate resident, involved family members, and caregivers about safety reminders. A review of the Certified Nursing Assistant (CNA) plan of care revealed that Resident #2 was NJ Ex Order 26.4(b)(1) staff for all care. Resident #2 had NJ Ex Order 26.4(b)(1) Review of the nursing progress notes (PN) dated NJ Ex Order 26.4 timed 20:16 (4:16) PM, indicated the following: " Writer notified by Aide at 16:00 PM (4:00 PM) that Resident #2 was on the floor, resident noted NJ Ex Order 26.4(b)(1) , able to NJ Ex Order 26. to commands, eyes open, NJ Ex Ord noted on NJ Ex Order 26. to the NJ Ex Order 26.4(b)(1), U.S. FOIA (b) (6) notified, Resident Representative notified. Resident transferred to Emergency Room for further evaluation." An additional PN dated NJ Ex Order 26.4(at 6:52 AM, revealed, "Admitted for NJ Ex Order 26.4(b)(1)) and NJ Ex Order 26.4(b)(1) Remains NJ Ex Order 26.4(b)(1) A review of the nursing PN dated NJ Ex Order 26.4(and timed 13:02 (1:02 PM), indicated the following: Resident Representative reported that Resident #2 had NJ Ex Order 26.4(since hospitalization in the NJ Ex Order 26 unit. Resident #2 was NJ Ex Order 26.4(b)(1) and had NJ Ex Order 26. and stated, " NJ Ex Order 26.4(b)(1) ".	F0689	Continued from page 5 committee consists of the Administrator, Director of Nursing, Medical Director, and Infection Preventionist as well as other interdisciplinary members.	

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F0689 SS = G	Continued from page 6 On 11/06/25 at 10:30 AM, the surveyor requested all investigations for Resident #2 for the past six months and their ICCP from the U.S. FOIA (b) (6)). On 11/06/25 at 11:15 AM, the U.S. FOIA provided an incident report (IR) dated NJ Ex Order at 4:00 PM, which revealed that Resident #2 NJ Ex Order 26.4(b)(1) during NJ Ex Order 26.4(b)(1) care. The following details were included: Resident #2 was NJ Ex Order 26.4(b)(1) in the room. Resident #2 NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1) and a NJ Ex Order 26.4(b)(1) First Aid initiated; vital signs obtained. No NJ Ex Orde checks initiated; NJ Exe called NJ Exec Order 26.4b1 The physician and the Resident Representative were notified. Resident #2 was transferred to the hospital for evaluation and treatment The facility's IR conclusion revealed, that during NJ Ex Order 26.4(b)(1) and linen change, Resident #2 NJ Ex Order 26.4(b)(1) which NJ Ex Order 26.4(b)(1). The nurse was notified by the assigned Certified Nursing Assistant (CNA) that the resident had NJ Ex Order 26.4(b)(1). Upon entering the room, Resident #2 was noted to be NJ Ex Order 26.4(b)(1) on their NJ Ex Order 26 with NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1) noted. NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). MD (medical doctor) ordered the resident to be sent out via NJ Exe to the NJ Exec Order Center. Interdisciplinary Team met and reviewed the event details. Concluded: CNA performed tasks properly per protocol. Resident #2 NJ Ex Order 26.4(b)(1) which NJ Ex Order and they NJ Ex Order 26.4(b)(1) The "Root Cause" section of the IR revealed: Resident NJ Ex Order 26.4(b)(1), which caused NJ Ex Or during NJ Ex Order 26.4(b)(1) care and NJ Ex Order 26.4(b)(1) while in bed. The investigation provided by the facility contained the following statements: A statement from CNA #1, revealed, "I was finishing up NJ Ex Order 26.4(b) and was fixing the NJ Ex Order 26.4(b) as their NJ Ex Order 26.4(b)(1) . As I was NJ Ex Order 26.4(b)(1) , the resident NJ Ex Order 26.4(b)(before I could NJ Ex Order 26.4(b)(1). I followed the plan of care and received report from the other aides and nurses." A statement from CNA#2 who was present in the room indicated the following: "I was behind the curtain, NJ Ex Order 26.4(b)(to the roommate. We were working together to get changes throughout our assignment done. She (referring to CNA#1 provided care to NJ Exec Orde and I (CNA	F0689		

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F0689 SS = G	Continued from page 7 #2) provided care to NJ Exec Ord CNA #1 stated that Resident #2 did not have NJ Ex Order 26.4(b)(1) The surveyor requested and reviewed the assignment sheet of NJ Exec Ord for the 3:00 PM-11:00 PM shift, and confirmed that CNA #1 was assigned to Resident #2. On 11/16/25 at 12:15 PM, the surveyor interviewed the U.S. FOIA regarding Resident #2's plan of care. The U.S. FOIA stated that although the resident was NJ Ex Order 26.4(b) she was able to hold onto the NJ Ex Order and NJ Ex Order 26.4(b)(1). The surveyor then requested the NJ Ex Order assessment that was completed for Resident #2. None was provided. On 11/6/25 at 12:40 PM, the surveyor conducted a telephone interview with the U.S. FOIA (b) (6)) who cared for Resident #2 after NJ Ex Order . The U.S. FOI stated that she observed the resident NJ Ex Order 26.4(b)(1) She notified the U.S. FOIA (b) (6) and remained with the resident until NJ Ex Order 26.4(b)(1) arrived. The U.S. FOI was informed by CNA #3 that Resident #2 rolled out of bed. When asked about the resident's NJ Ex Order 26.4(b) the U.S. FOI stated that Resident #2 was NJ Ex Order on staff and NJ Ex Order 26.4(b)(1) with care. On 11/06/25 at 1:22 PM, the surveyor interviewed the U.S. FOIA (b) (6)) regarding Resident #2's coding assessment, specifically Section NJ Ex Order 26.4(b)(1) . The U.S. FOIA (b) stated that the data for the assessment was obtained from nursing staff communication and the CNA plan of care. The surveyor in the presence of the U.S. FOIA (b) reviewed the CNA plan of care and coded data, which confirmed that Resident #2 was NJ Ex Order 26.4(b)(1) during care. The "NJ Ex O activity under section GG was coded as "NJ Ex Order 26.4(b)(1) ; Resident does NJ Ex Order 26.4(b)(1) to complete the activity". Further required the NJ Ex Order 26.4(b)(1) to complete the task. Resident #2 was NJ Ex Order 26.4(b)(1) on care and demonstrated NJ Ex Order 26.4(b)(1) . On 11/6/25 at 1:26 PM, the surveyor interviewed CNA #3 assigned to the unit where Resident #2 resided. CNA #3 stated that she was familiar with the resident's care routine and confirmed that Resident #2 got out of bed NJ Ex Order 26.4(b)(1) and was NJ Ex Order 26.4(b)(1) on staff and required NJ Ex Order 26.4(b)(1) for care and NJ Ex Order 26.4(The surveyor asked CNA #3 where the resident's care documentation could be located, and she stated it was entered into the electronic plan of care system. CNA #3 showed the surveyor the Plan of care and confirmed that Resident #2 was NJ Ex Order 26.4(b)(1) staff for all care needs and was unable to NJ Ex Order 26.4(b) . CNA #3 further	F0689		

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(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
F0689 SS = G	Continued from page 8 stated that she had provided care for Resident #2 for the past [NJ Exec Order 26.4]. The CNA #3 explained that Resident #2 was [NJ Ex Order 26.4(b)] and required [NJ Ex Order 26.4(b)(1)] with care and could not turn on their own as they were [NJ Ex Order 26.4(b)] She stated that she cared for the resident with her hallway partner. She reported that the day of the fall, she was about to leave the unit when she observed the resident [NJ Ex Order 26.4(b)(1)], and observed CNA#1 and CNA #2 in the room. She Immediately went to the nursing station and retrieved the nurse. On 11/6/25 at 1:50 PM, the [U.S. FOIA] stated that she could not provide the [NJ Ex Order] assessment. In the presence of the survey team, the [U.S. FOIA] stated that Resident #2 did not have [NJ Ex Order 26.4] The surveyor then asked about the MDS Coding for Section [NJ Ex Order 26.4(b)(1)) and [NJ Ex Order 26.4(b)(1)]), the [U.S. FOIA] declined to comment. The [U.S. FOIA] stated that she did not review the MDS coding yet. On 11/6/25 at 2:00 PM, the surveyor interviewed the [U.S. FOIA] regarding the plan of care implemented for Resident #2. The [U.S. FOIA] stated again that she did not look at the MDS coding yet and could not comment on the plan of care. On 11/6/25 at 2:05 PM, the surveyor reviewed the MDS coding with the [U.S. FOIA] and asked if CNA #1 should have followed the plan of care. In the presence of the survey team, the [U.S. FOIA] stated, "yes the CNAs should follow the plan of care." The [U.S. FOIA] could not comment on the discrepancy noted on the fall investigation. The investigation concluded that Resident #2 rolled out of bed and CNA #1 followed the plan of care. However, the MDS, the assessment tool used by the facility to prioritize care for Resident #2 reflected that CNA #1 did not follow the plan of care. The CNA's Plan of Care generated by the facility reflected that Resident #2 was [NJ Ex Order 26.4(b)(1)] and could not complete [NJ Ex Order 26.4(b)(1)] Resident #2 had [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)] during care. Resident #2 required [NJ Ex Order 26.4(b)(1)] with care. On 11/6/25 at 2:18 PM, the surveyor conducted a telephone interview with CNA #1 who cared for Resident #2 on [NJ Ex Order]. CNA #1 stated that she was asked to [NJ Ex Orde] on the 3:00 -11:00 PM shift. When she went to Resident #2's room, Resident #2 was [NJ Ex Order 26.4(b)(1)], the [NJ Ex Order 26] including the [NJ Ex Order 26.4(b)(1)] with [NJ Ex Order] She adjusted the bed to her [NJ Ex Order] to provide care, she proceeded to [NJ Ex Order 26] the resident and [NJ Ex Orde	F0689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315201	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/06/2025

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CAMBRIDGE REHABILITATION AND HEALTHCARE CENTER	255 EAST MAIN ST , MOORESTOWN, New Jersey, 08057

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F0689 SS = G	Continued from page 9 the bed at the same time to remove NJ Ex Order 26.4(b)(1) [redacted]. She NJ Ex Order the resident NJ Ex Order 26.4(b)(1) and the resident NJ Ex Order 26.4(b)(1). The CNA #1 stated, "When Resident #2 NJ Ex Order 26.4(b)(1) [redacted] The surveyor then asked CNA #1 if she reviewed the resident plan of care prior to provide care. CNA #1 stated, it was NJ Ex Order 2 that day, she did not read the plan of care or get report from the 7:00 AM-3:00 PM shift regarding the NJ Ex Order 26.4(b)(1) required by Resident #2. CNA #1 further stated that she reviewed the plan of care after she was called in the office by the U.S. FOIA and noted that Resident #2 was NJ Ex Order 26.4(b)(1) staff and required NJ Ex Order 26.4(b)(1) with care. CNA #1 stated she received an in-service education that same day from the U.S. FOIA On 11/6/25 at 2:45 PM, during the exit conference with the administrative staff, no additional information was provided for Resident #2's NJ Ex A review of the facility's policy titled "Accidents and Incidents-Investigation and Reporting" undated and last revised July 2017, included the following: Policy Statement- All accidents or incidents involving residents, employees, visitors, vendors, etc., occurring on our premises shall be investigated and reported to the administrator. Policy Interpretation and implementation- The nurse supervisor/charge nurse and/or the department director or supervisor shall promptly initiate and document investigation of the accident or incident. The following data, as applicable, shall be included on the Report of Incident/ Accident. The data and time. The nature of the injury/illness (e.g., bruise, fall) …The circumstances surrounding the accident or incident. Follow up information, other pertinent data as necessary or required. The administrator and /or director of nursing will determine the need for further action and follow-up, as deemed appropriate based on the results of the investigation. The Care Plans Comprehensive Person-Centered policy, last revised 2/2022, revealed the following: Policy Statement- A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Policy Interpretation and Implementation-The care plan	F0689		

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F0689 SS = G	Continued from page 10 interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. NJAC 8:39-27.1(a), NJAC 8:39-11.2(e) 1 .. .	F0689		
F0697 SS = D	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is NOT MET as evidenced by: Based on interview, record review and review of other pertinent facility documentation it was determined that the facility failed to treat and manage a resident's NJ Ex O consistent with professional standards of practice. This was identified for 1 of 4 residents (Resident #1) reviewed for NJ Ex O and was evidenced by the following: A review of the resident Admission Record (admission summary) indicated that Resident #1 was admitted to the facility with the diagnoses which included but was not limited to NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) [redacted] (NJ Ex Order 26.4(b)(1) [redacted]) and NJ Ex Order 26.4(b)(1) [redacted] (NJ Ex Order 26.4(b)(1) [redacted]). A review of the quarterly Minimum Data Set (MDS)-an assessment that facilitates a resident's care) dated NJ Ex Order 26, indicated that Resident #1 scored a NJ Ex Order 26.4(out of 15 on the Basic Interview for Mental Status (BIMS) which indicated that the resident had NJ Ex Order [redacted] The MDS also reflected that Resident #1 required NJ Ex Order 26.4(b)(1) with NJ E [redacted] of activities of daily living (ADLs). A review of the Facility Reportable Event (FRE) dated NJ Ex Order 26 revealed that on NJ Ex Order 26.4 Resident #1's	F0697	F 0697 (D) Pain Management How the corrective action will be accomplished for those residents found to have been affected by the deficient practice; these are the residents specified in the SOD. Resident #1 was assessed for NJ Ex O and reported NJ Ex Order 26 at this time. Resident #1 physician orders were reviewed for NJ Ex O [redacted] parameters. No changes were made to physician orders, and the patient remained on the same NJ Ex O [redacted] The licensed nurses identified inaccurately treating and NJ Ex Order 26.4(b)(1) were re-educated on NJ Ex O assessment and management. How the facility will identify other residents having the potential to be affected by the same deficient practice. Residents experiencing pain have the potential to be affected. An audit of residents with a change in condition who experienced pain was completed to ensure consistency with professional standards of practice. No other variances were identified. What measures will be put into place or systemic	12/01/2025

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F0697 SS = D	Continued from page 11 responsible party (RP) informed the nursing staff that the resident had NJ Ex Order 26.4(b)(1). The physician was notified, and an [redacted] was obtained on [redacted] which showed that the resident had [redacted] and NJ Ex Order 26.4(b)(1) [redacted]. The physician was updated, and the resident had a history of [redacted] Further review of the Situation, Background, Assessment and Recommendation (SBAR-change of condition) form dated [redacted] at 6:44 PM, reflected that Resident #1's complained of NJ Ex Order 26.4(b)(1) rated [redacted] out of 10 (with 10 being the worst). The nurse documented noted [redacted] and NJ Ex Order 26.4(b)(1) [redacted]. However, there was no follow-up documentation which indicated that any [redacted] medication or intervention was administered at that time to address or manage the resident's [redacted] A review of the facility summary and conclusion indicated the resident was medicated with [redacted] for [redacted] and that the medication was effective. The surveyor reviewed Resident #1's nursing progress notes and the Medication Administration Record (MAR) and there was no documentation that the resident had received any [redacted] medication. The surveyor reviewed the MAR dated [redacted] which indicated that Resident #1's [redacted] was being monitored each shift. On the night shift documentation reflected that the resident complained of [redacted] at a rate of [redacted] out of 10 on the [redacted] scale. However, there was no follow-up documentation to indicate whether the resident was administered [redacted] medication or interventions to address or manage the resident's [redacted] On 11/6/25 at 10:20 AM, the surveyor interviewed the U.S. FOIA (b) (6) [redacted]) who reviewed Resident #1's MAR in the presence of the surveyor. The [redacted] confirmed that or [redacted] at 6:44 PM and again on [redacted] during the night shift, when the resident had NJ Ex Order 26.4(b)(1), there was no documentation that [redacted] medication was administered. The [redacted] stated that the nursing staff did not appear to administer any [redacted] medication or implement interventions to manage the resident's [redacted] The [redacted] stated that the physician should have been notified, and appropriate [redacted] medication should have been provided. On 11/6/25 at 12:46 PM, the surveyor interviewed the U.S. FOIA (b) (6) [redacted] who cared for the resident on [redacted] at 6:44 PM. The [redacted] stated that she could not recall whether she administered [redacted]	F0697	Continued from page 11 changes made to ensure that the deficient practice would not recur. Director or Nursing or Designee re-educated licensed nursing staff on pain assessment and management. Education included recognizing pain, assessing pain, identifying underlying causes, goals and interventions, implementing strategies sequencing for milder, moderate and severe pain levels, medicating within the pain parameter, monitoring and documentation consistent with professional standards. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic change? The Unit Manager or Designee will audit five (5) residents who are experiencing pain to ensure the treatment and management are consistent with professional standards of practice daily x5 days, weekly x4 weeks and then monthly x2 months. Results of these audits will be presented to the Quality Assurance Performance Improvement team monthly for a period of 3 months with continued review and recommendations until compliance is maintained. The Quality Assurance Performance Improvement committee will determine the need for further and continued action. The Quality Assurance Performance Improvement committee consists of the Administrator, Director of Nursing, Medical Director, and Infection Preventionist as well as other interdisciplinary members.	

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F0697 SS = D	Continued from page 12 medications to Resident #1 at that time. She reported that she may have given the resident [NJ Ex Order 2] but may have failed to document the administration. She acknowledged that she should have notified the physician and obtained an order for [NJ Ex O] medication, administered the prescribed medication and then documented both the administration and effectiveness of the medication. On 11/6/25 at 1:20 PM, the surveyor interviewed the [U.S. FOIA (b) (6)] simultaneously with the [U.S. FOIA (b) (6)] who were both in agreement that when a nurse assessed a resident for [NJ Ex Ord] the nurse would be responsible to document the NJ Ex Order 26.4(b)(1) and [NJ Ex Order 26.4(b)(1] of the [NJ Ex Ord] The [U.S. FOIA] stated that the nurse would also be responsible to call the provider to obtain an order for [NJ Ex O] medications. The [U.S. FOIA] continued to explain that nurses were expected to follow-up with the provider for further interventions to manage the [NJ Ex O] and to document the effectiveness of the interventions. The facility policy titled, "Pain Assessment and Management" dated April 2025 indicated that the purpose of this procedure were to help staff identify pain in the resident, development of interventions and address the underlying cause of pain. General guidelines indicated that staff were to identify underlying causes, intensity, duration, type and characteristics of pain and to address the underlying cause of pain. The policy reflected that non-pharmacological interventions may be appropriate alone or in conjunction with medications. The medication regimen is implemented as ordered and results of the interventions are documented and communicated to the provided when appropriate. NJAC 8:39-27.1(a)	F0697		

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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 Regulations.	S0000		12/01/2025
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 interview and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratio, as mandated by the State of New Jersey. This deficient practice was identified for complaint staffing. This deficient practiced 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 at 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.	S0560	S 0560 Mandatory Access to Care How the corrective action will be accomplished for those residents found to have been affected by the deficient practice; these are the residents specified in the SOD. No residents were found to be affected by the center not maintaining the required minimum direct care staff-to-resident ratios as mandated by the state of NJ. The facility leadership team has met on ongoing basis and continue to identify staffing challenges and areas of improvement for licensed and certified staffing needs How the facility will identify other residents having the potential to be affected by the same deficient practice. Residents residing in the center have the potential to be affected. What measures will be put into place or systemic changes made to ensure that the deficient practice	12/01/2025

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

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S0560	Continued from page 1 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. A review of the "Nurse Staffing Report" for the following complaint weeks provided by the facility revealed the following: For the week of Complaint staffing from 08/24/2025 to 08/30/2025, the facility was deficient in CNA staffing for residents on 2 of 7-day shifts and deficient in CNAs to total staff on 1 of 7 evening shifts as follows: -08/25/25 had 17 CNAs for 149 residents on the day shift, required at least 19 CNAs. -08/26/25 had 17 CNAs for 149 residents on the day shift, required at least 19 CNAs. -08/28/25 had 9 CNAs to 20 total staff on the evening shift, required at least 10 CNAs. For the week of Complaint staffing from 09/14/2025 to 09/20/2025, the facility was deficient in CNA staffing for residents on 2 of 7 day shifts as follows: -09/14/25 had 17 CNAs for 158 residents on the day shift, required at least 20 CNAs. -09/18/25 had 18 CNAs for 155 residents on the day shift, required at least 19 CNAs. For the 2 weeks of Complaint staffing from 10/19/2025 to 11/01/2025, the facility was deficient in CNA staffing for residents on 2 of 14 day shifts as follows: -10/19/25 had 18 CNAs for 152 residents on the day shift, required at least 19 CNAs. -10/20/25 had 16 CNAs for 152 residents on the day shift, required at least 19 CNAs. On 11/6/25 at 1:10 PM, the surveyor interviewed the Staffing Coordinator (SC) who stated that staffing was scheduled according to the mandated staffing ratios.	S0560	Continued from page 1 would not recur. Market rate analysis for nursing and certified nursing assistants completed. Daily center staffing meetings with leadership team. Weekly labor management reviews with regional leadership team. Reviewed and revised our mentor program to support retention and growth. Reviewed and revised incentive programs to include sign-on bonuses for new hires, referral bonuses for employees referring staff where appropriate, no call out incentives and X-Shift pick-up bonuses to fill shift vacancies/needs. Ongoing job fairs, open interview days with immediate interviews and contingency offers. Expedited and robust onboarding process for new hires. Ongoing partnership with LPN school and CNA School. Utilization of social media and employment sites to support recruitment efforts. Utilization of a retention platform for employee retention purposes. Utilization of call list and communication platform for real-time notification of openings and open shifts. Culture Committee to improve and maintain staff morale How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the	

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S0560	Continued from page 2 She stated that the facility had per diem (as needed) positions and if staff were needed, then employees would be called to fill the empty positions. She added that If staffing was needed, the facility also sent email “blast” to all nursing and Certified Nursing Assistance (CNAs) to see if they wanted to fill the empty slot. She stated that staff had been good for a couple months and that the facility made attempts to always have staffing according to the nursing acuities. The facility policy dated August 2022 and titled, " Staffing, Sufficient and Competent Nursing" indicated that the facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing related care and services for all residents in accordance with resident care plans and facility assessment.	S0560	Continued from page 2 systemic change? The Director of Nursing or Designee will meet with staffing coordinator to review daily census, call outs and staffing needs if any. The Director of Nursing or Designee will monitor census, call outs and staffing ratios weekly until the staffing ratio requirement is met. The results of the audits will be forwarded to the Administrator and presented to the Quality Assurance Performance Improvement team monthly for continued review and recommendations until compliance is maintained. The Quality Assurance Performance Improvement committee will determine the need for further and continued action. The Quality Assurance Performance Improvement committee consists of the Administrator, Director of Nursing and Medical Director, as well as other interdisciplinary members.	

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F0000	INITIAL COMMENTS An on-stie revisit was conducted on 12/11/2025 to verify the facility's Plan of Correction for the 11/6/2025 Recertification survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

New Jersey State Department of Health

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S0000	Initial Comments An on-stie revisit was conducted on 12/11/2025 to verify the facility's Plan of Correction for the 11/6/2025 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		

Office of Primary Care and Health Systems Management

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