

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315166	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/05/2025
NAME OF PROVIDER OR SUPPLIER MASONIC VILLAGE AT BURLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 902 JACKSONVILLE ROAD , BURLINGTON, New Jersey, 08016	
(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	<p>INITIAL COMMENTS</p> <p>NJ# 405698, 2653009</p> <p>Survey: 11/5/25</p> <p>CENSUS: 114</p> <p>SAMPLE: 4</p> <p>The facility is in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities.</p>	F0000		11/17/2025

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
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New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 030306	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/05/2025
NAME OF PROVIDER OR SUPPLIER MASONIC VILLAGE AT BURLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 902 JACKSONVILLE ROAD , BURLINGTON, New Jersey, 08016	
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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		12/08/2025
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: 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. 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 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	S0560	Criteria 1: The center is unable to retroactively address the historical dates noted. Criteria 2: Residents residing in the center have the potential to be affected. The facility leadership team has met on ongoing basis and continue to identify staffing challenges and areas of improvement for certified staffing needs. No residents were found to be affected. Criteria 3: The recruitment and retention plan was reviewed and revised. This included market rate analysis for nursing and certified nursing assistants, keeping center staffing meetings daily with the leadership team. Adding a more robust weekly labor management review with the regional leadership team for suggestions and oversight. In addition, the mentorship program was reviewed with the team to support retention and growth. Facility will aggressively coach and counsel team members related to attendance policy. Reviewed and revised incentive programs to include sign-on bonuses for new hires, no call out incentives, and shift pick-up bonuses to fill shift vacancies/needs. Ongoing job fairs, open interview days with immediate	12/08/2025

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1 member shall sign in to work as a CNA and perform CNA duties.</p> <p>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:</p> <p>-10/19/25 had 14 CNAs for 119 residents on the day shift, required at least 15 CNAs.</p> <p>-10/26/25 had 13 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>Review of the policy titled, "Staffing, Sufficient and Competent Nursing" with a review date of August 2022, number eight showed that the minimum staffing requirements imposed by the state are adhered to when determining staff rations but are not necessarily considered a determination of sufficient and competent staffing.</p>	S0560	<p>Continued from page 1 interviews and contingency offers, expedited and robust onboarding process for new hires, utilization of social media and employment sites to support recruitment efforts, utilization of call list and communication platform for real-time notification of openings and open shifts.</p> <p>Criteria 4:</p> <p>The Director of Nursing or Designee will review daily staffing to review daily census, call outs and staffing needs.</p> <p>The Director of Nursing or Designee will monitor census, call outs and staffing ratios weekly for a period of three months for reporting purposes.</p> <p>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 for a period of three months. 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.</p>	

