

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315060	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/03/2025
NAME OF PROVIDER OR SUPPLIER ST MARY'S CENTER FOR REHABILITATION & HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 220 ST MARY'S DRIVE , CHERRY HILL, New Jersey, 08003	
(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>Survey: Complaint</p> <p>Intake ID#: 2596112 and 2620850</p> <p>Survey Dates: 11/3/25</p> <p>Census: 200</p> <p>Sample size: 3</p> <p>A Complaint Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The facility was in compliance, and no deficiencies were cited for this survey.</p>	F0000		12/02/2025

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

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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		12/02/2025
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: Complaint # 2620850 Based on 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 was evident for a). the 2 weeks of staffing prior to survey from 10/19/25 to 11/1/25, the facility was deficient CNA staffing for residents on 8 of 14-day shifts, and b) the weeks of complaint staffing from 9/7/25 to 9/13/25. the facility was deficient in CNA staffing for residents on 7 of 7-day shifts. 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	S0560	Plan of Correction S560 Completion Date: 12/1/2025 Corrective Action: No residents were identified. Staffing levels were reviewed for all deficient dates listed. Additional staff were recruited to meet the minimum staffing levels, if applicable moving forward. ID Other Residents: Potential to affect all residents residing within the facility. Systemic Change: Bonuses are offered for double shifts, extra shifts and weekends. Perfect attendance bonuses are offered on a weekly	12/01/2025

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S0560	<p>Continued from page 1 established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>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</p> <p>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.</p> <p>1. 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 8 of 14 day shifts as follows:</p> <p>-10/19/25 had 21 CNAs for 196 residents on the day shift, required at least 24 CNAs.</p> <p>-10/20/25 had 18 CNAs for 196 residents on the day shift, required at least 24 CNAs.</p> <p>-10/21/25 had 23 CNAs for 194 residents on the day shift, required at least 24 CNAs.</p> <p>-10/24/25 had 23 CNAs for 194 residents on the day shift, required at least 24 CNAs.</p> <p>-10/26/25 had 23 CNAs for 196 residents on the day shift, required at least 24 CNAs.</p> <p>-10/27/25 had 22 CNAs for 196 residents on the day shift, required at least 24 CNAs.</p> <p>-10/31/25 had 24 CNAs for 197 residents on the day shift, required at least 25 CNAs.</p> <p>-11/01/25 had 23 CNAs for 197 residents on the day shift, required at least 25 CNAs.</p>	S0560	<p>Continued from page 1 basis.</p> <p>In-service on lateness and attendance policy.</p> <p>Usage of staffing agencies to supplement staffing needs.</p> <p>Referral program promoted for staff recruitment.</p> <p>Sign on bonuses to assist with staff recruitment.</p> <p>Employee appreciation parties.</p> <p>Additional shifts will be made available to meet staffing levels for Certified Nursing Assistants.</p> <p>Licensed staff will supplement Certified Nursing Assistant positions if the need arises that staffing levels go below the state required minimum.</p> <p>Monitoring:</p> <p>Nursing Administration will conduct weekly CNA staffing schedule audits.</p> <p>Nursing Administration will report findings to the Administrator.</p> <p>Results of the audits will be brought to QA/QAPI on a quarterly basis x's 2 quarters.</p>	

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S0560	Continued from page 2 2. For the week of Complaint staffing from 09/07/2025 to 09/13/2025, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows: -09/07/25 had 24 CNAs for 212 residents on the day shift, required at least 26 CNAs. -09/08/25 had 22 CNAs for 211 residents on the day shift, required at least 26 CNAs. -09/09/25 had 23 CNAs for 211 residents on the day shift, required at least 26 CNAs. -09/10/25 had 23 CNAs for 209 residents on the day shift, required at least 26 CNAs. -09/11/25 had 23 CNAs for 209 residents on the day shift, required at least 26 CNAs. -09/12/25 had 24 CNAs for 209 residents on the day shift, required at least 26 CNAs. -09/13/25 had 24 CNAs for 209 residents on the day shift, required at least 26 CNAs.	S0560		

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F0000	<p>INITIAL COMMENTS</p> <p>An offsite/desk review of the facility's Plan of Correction was conducted on 12/2/2025 in relation to the 11/3/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p>	F0000		

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