STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315487	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED CARE AT MERCER	**1201 PARKWAY AVENUE , EWING, New Jersey, 08628**

(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 Survey Date: 11/3/25 Census: 88 Sample: 3 NJ#2581581, 2584957 The NJDOH conducted a complaint survey on 11/3/25. The survey was officially completed on 11/26/25 A complaint survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F0000		12/18/2025
F0686 SS = E	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to provide	F0686	1. Resident #1 had the NJ Exec Order 26.4b1 on NJ Exec Order 2 by the licensed nurse immediately, and the resident's attending physician was notified of the missed NJ Exec Order 26 NJ Exec Order 26 on NJ Exec Order 2 by the licensed nurse, with no new orders. Resident #2 is NJ Exec Order 26.4 a resident in the facility. Resident #3 had his NJ Exec Order 26.4b1 on NJ Exec Order 2 by the licensed nurse immediately, and the resident's attending physician was notified, with no new orders. The licensed nurses who were involved with the cited practices for Residents #1 and #3 were provided with NJ Exec Order 26.4b1 re-inservice education by the Director of Nursing (DON) on 11/3/25, with emphasis on following physician orders for dressing/wound treatment and proper documentation in the resident medical record whenever a resident refuses dressing/wound treatment changes, in accordance with the physician's order and facility procedures. This included signing off in the Electronic Treatment Administration Record (ETAR), specifically signing off a treatment when it is completed. The licensed nurses who were involved with Resident #2 were taken off the schedule to work until completion of NJ Exec Order 26.4b1 re-education regarding following	12/22/2025

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: 315487	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED CARE AT MERCER	**1201 PARKWAY AVENUE , EWING, New Jersey, 08628**

(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
F0686 SS = E	Continued from page 1 necessary treatment and services as ordered by the physician to promote the [redacted] of a [redacted]. The deficient practice was identified for 3 of 3 residents (Resident #1, #2, and #3) reviewed for [redacted] The deficient practice was evidenced by the following: A review of Resident #1 Admission Record revealed medical diagnosis which included but not limited to [redacted] and [redacted]. Review of the most recent quarterly Minimum Data Set (MDS), an assessment tool revealed the resident had a Brief Interview of Mental Status (BIMS) of [redacted] meaning the resident had [redacted]. A review of the physician orders showed the following order [redacted] to [redacted] topically every [redacted] hours for [redacted] with [redacted], apply [redacted] and [redacted] and [redacted] with a [redacted]. The order was dated [redacted] and was an [redacted] order. A review of the Treatment Administration Record (TAR) showed the [redacted] order to be administered on day shift (7AM to 3PM), evening shift (3PM to 11 PM), and night shift (11PM to 7 AM). The TAR was signed as the treatment was completed, the last treatment being [redacted] on day shift. Review of Resident #1 Individualized Comprehensive Care Plan (ICCP) initiated [redacted] showed a focus of actual [redacted] related to [redacted] and [redacted] and [redacted] Interventions included but were not limited to administering treatment as ordered. On 11/3/25 at 10:40 AM, during unit tour with the [redacted]) the surveyor observed the [redacted] on Resident #1 [redacted]. The [redacted] had a date of [redacted] with the words "day shift" written on the [redacted]. The surveyor then interviewed the [redacted] regarding the [redacted]. The [redacted] confirmed the [redacted] was dated [redacted] and said day shift. The surveyor asked why the TAR was signed as the [redacted] being changed three times after the [redacted] day shift [redacted] and she stated, "Maybe there was a reason it wasn't done". A review of the Admission Summary for Resident #2 revealed the resident was admitted to the facility with medical diagnoses which included but were not	F0686	Continued from page 1 physician orders for dressing/wound treatment and proper documentation in the resident medical record whenever a resident refuses dressing/wound treatment changes, in accordance with the physician's order. The other licensed nurse no longer works at the facility. 2. All residents with a physician order for wound dressing changes have the potential to be affected by the cited practice. 3. A facility-wide in-service for licensed nurses was initiated by the DON on 11/3/25 and is ongoing to ensure that treatments are completed in accordance with the physician's orders and facility policy, with proper signing off in the ETAR only when dressing/treatment changes are completed, and proper documentation of resident refusal for treatment/dressing changes in the resident medical record. The same in-service will be provided during orientation for newly hired licensed nurses, annually, and as deemed necessary by the DON and/or nurse designee. 4. The DON and/or licensed nurse designee will check five residents per week with a physician's order for wound dressing changes, covering all shifts including weekends, for 4 weeks and then monthly for 6 months to ensure physician treatment orders are being carried out as prescribed. Residents who refuse treatment/dressing changes will be documented in the resident medical record. Negative findings will be corrected immediately through one-on-one re-education and progressive disciplinary measures, as appropriate, by the DON. Findings of the audit will be submitted to and reviewed by the Quality Assessment Assurance (QAA) committee, which meets quarterly and will determine further necessity for audits and recommendations.	12/22/2025

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED CARE AT MERCER	**1201 PARKWAY AVENUE , EWING, New Jersey, 08628**

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F0686 SS = E	Continued from page 2 limited to [redacted] and NJ Exec Order 26.4b1. A review of the Admission MDS showed Resident #2 had a BIMS of [redacted], meaning the resident had [redacted] NJ Exec Order 26.4b1. A review of the physician orders showed an order to apply NJ Exec Order 26.4b1 [redacted], then apply [redacted], and [redacted] with NJ Exec Order 26.4b1) to NJ Exec Order 26.4b1 every evening for [redacted]. The order was placed on [redacted] and then NJ Exec Order 26.4b1. On [redacted] the order was [redacted] to NJ Exec Order 26.4b1 to [redacted] topically after [redacted] with NJ Exec Order 26.4b1 [redacted] and applying NJ Exec Order 26.4b1 [redacted] A review of the ICCP for Resident #2, initiated on [redacted] showed a focus of NJ Exec Order 26.4b1 with interventions which included but not limited to administer treatment as ordered. A review of the TAR showed that on [redacted] and [redacted] the TAR was blank, meaning the [redacted] was [redacted]. A review of the Admission Summary for Resident #3 revealed medical diagnoses which included but were not limited to NJ Exec Order 26.4b1 [redacted], NJ Exec Order 26.4b1, and [redacted]. A review of the most recent quarterly MDS revealed Resident #3 had a BIMS of [redacted] meaning the resident had NJ Exec Order 26.4b1. A review of the physician orders showed the following orders related to [redacted]: [redacted] with NJ Exec Order 26.4b1 apply NJ Exec Order 26.4b1 and [redacted] with NJ Exec Order 26.4b1 every day shift and every evening shift to [redacted] A review of the TAR showed the [redacted] was completed on [redacted] day and evening shift, [redacted] day and evening shift, and [redacted] day shift. On 11/3/25 at 10:45 AM, with the [redacted] the surveyor observed the residents NJ Exec Order 26.4b1. The [redacted] was dated [redacted] day shift. The surveyor asked the [redacted] if the [redacted] would be dated [redacted] if it was [redacted] or [redacted] evening shift and [redacted] day shift and the [redacted] responded, "No, it wasn't done". A review of Resident #3 ICCP initiated [redacted] showed a focus of NJ Exec Order 26.4b1. Interventions included but were not limited to administer treatment as ordered.	F0686		12/22/2025

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F0686 SS = E	Continued from page 3 On 11/3/25 at 1:40 PM, the surveyor interviewed the U.S. FOIA (b)(6) regarding [redacted]. The surveyor asked if the TAR is signed by the nurse what would that mean, and she responded that it should be done. The [redacted] then presented the surveyor with progress notes of resident [redacted] that were created after the surveyor inquiry. The surveyor reviewed the policy titled, "Pressure Ulcer/Wound Treatment Management", with a review date of 2/1/25. The policy was to promote wound healing of various types of wounds, it is the policy of the facility to provide evidence-based treatments in accordance with the current standards of practice and physician orders. Number one of the policy was that wound treatments would be provided in accordance with physician orders. N.J.A.C. 8:39-27.1(a)	F0686		12/22/2025

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 476003	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED CARE AT MERCER	**1201 PARKWAY AVENUE , EWING, New Jersey, 08628**

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S0000	Initial Comments The facility is 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		12/18/2025

Office of Primary Care and Health Systems Management

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315487	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/22/2025

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/22/25 in relation to the 11/3/25 complaint 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.

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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 476003	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED CARE AT MERCER	**1201 PARKWAY AVENUE , EWING, New Jersey, 08628**

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/22/25 in relation to the 11/3/25 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		

Office of Primary Care and Health Systems Management

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