

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315290		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/24/2025	
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648			
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F0000	INITIAL COMMENTS Complaint #:2698128,2589569, 2589010, 426544,426536 Census: 169 Sample Size: 4 THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.			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
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New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060232		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/24/2025	
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S0000	Initial Comments		S0000				
	The facility was 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.						
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 facility document review on 12/24/25, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey for 14 of 14 dayshifts and 1 of 14 evening shift. 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		S0560	The facility leadership team has met on an ongoing basis and continued to identify staffing challenges and areas of improvement for licensed and certified staffing needs. Residents have the potential to be affected by this practice The DON conducted an audit of staffing schedules with the current facility census to ensure fulfillment of staffing requirements per shift. The facility has implemented an incentive program including sign-on bonuses for new hires, and referral bonuses for employees referring staff where appropriate. The facility continues to conduct ongoing job fairs, internally and externally with immediate interviews and contingency offers and expedited onboarding process of new hires. The facility has contracted a vendor with agency staff as needed to meet staffing needs. The DON and/or designee meets with the staffing coordinator daily to review facility census, call outs if any, and staffing needs. The DON and/or designee will monitor callouts and staffing ratios weekly until the requirement is met. The results of the audits will be forwarded to the facility Administrator and Quality Assurance Performance Improvement Committee for further review and recommendations as needed		01/31/2026	

Office of Primary Care and Health Systems Management

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S0560	Continued from page 1 member shall be signed in to work as a certified nurse aide 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. The surveyor requested staffing for 3 weeks on dates: 08/10/25 to 08/16/25; 12/07/25 to 12/13/25, and 12/14/25 to 12/20/25. The facility was deficient in CNA staffing for residents on 14 of 14 day shifts and 1 of 14 evening shift as follows: For the 2 weeks of complaint staffing from 12/7/2025-12/20/2025, the facility was deficient in CNA staffing for 14 of 14-day shifts and deficient in CNAs to total staff on 1 of 14 evening shifts as follows: -12/7/25 had 18 CNAs for 165 residents on the day shift, required at least 21 CNAs. -12/7/25 had 16 CNAs to 76 total staff on the evening shift, required at least 38 CNAs. -12/8/25 had 18 CNAs for 165 residents on the day shift, required at least 21 CNAs. -12/9/25 had 16 CNAs for 165 residents on the day shift, required at least 21 CNAs. -12/10/25 had 16 CNAs for 165 residents on the day shift, required at least 21 CNAs. -12/11/25 had 15 CNAs for 164 residents on the day shift, required at least 20 CNAs. -12/12/25 had 16 CNAs for 164 residents on the day shift, required at least 20 CNAs. -12/13/25 had 15 CNAs for 164 residents on the day shift, required at least 20 CNAs. -12/14/25 had 16 CNAs for 164 residents on the day shift, required at least 13 CNAs. -12/15/25 had 15 CNAs for 166 residents on the day shift, required at least 13 CNAs. -12/16/25 had 16 CNAs for 166 residents on the day shift, required at least 13 CNAs.			S0560			

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S0560	Continued from page 2 -12/17/25 had 16 CNAs for 164 residents on the day shift, required at least 14 CNAs. -12/18/25 had 15 CNAs for 164 residents on the day shift, required at least 13 CNAs. -12/19/25 had 14 CNAs for 164 residents on the day shift, required at least 13 CNAs. -12/20/25 had 16 CNAs for 167 residents on the day shift, required at least 13 CNAs.	S0560					
S1680	Mandatory Nurse Staffing CFR(s): 8:39-25.2(b)(1)&(2) (b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a)) on the basis of: 1. Total number of residents multiplied by 2.5 hours/day; plus 2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day: Wound care 0.75 hour/day Nasogastric tube feedings and/or gastrostomy 1.00 hour/day Oxygen therapy 0.75 hour/day Tracheostomy 1.25 hours/day Intravenous therapy 1.50 hours/day Use of respirator 1.25 hours/day	S1680	The facility immediately corrected the staffing variance identified on 8/10/2025 by ensuring required licensed nursing coverage was met on subsequent shifts. Residents have the potential to be affected by this practice. The Director of Nursing (DON) and her designee conducted an audit of current facility acuity levels and reviewed the daily staffing worksheets to ensure adequate licensed staff coverage. Staffing levels are reviewed daily and staffing contingency plan is activated during call outs, census changes by utilizing as needed employees, approved agency partners and management clinical coverage as necessary. The DON and/or designee meets with the staffing coordinator daily to review facility census, call outs if any, and staffing needs to ensure sufficient coverage. The DON and/or designee will monitor facility acuities, callouts and staffing ratios weekly until the requirement is met. The results of the audits will be forwarded to the facility Administrator and Quality Assurance Performance Improvement Committee for further review and recommendations as needed			01/31/2026	

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S1680	Continued from page 3 Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on review of the AAS-12 staffing from 8/10/25 to 8/16/25, for the 12/24/25 Complaint Survey, it was determined that the facility was deficient in staffing for resident required services as evidenced as follows: For the 1 week of complaint staffing from 8/10/25-8/16/25, the facility was deficient in nurse staffing for 1 of 1 day: -8/10/25 had 448 nursing hours, required at least 448.5 hours for a deficiency of 0.50 hours.		S1680				

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 2/3/2026 in relation to the 12/24/2025 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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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 2/3/2026 in relation to the 12/24/2025 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				

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