

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 04/02/2026
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648	
(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 Complaint #s NJ 2691184, 2790946, 2706582 STANDARD SURVEY: 3/26-4/2/2026 CENSUS: 174 SAMPLE SIZE: 34+3 closed records A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long-Term Care Facilities. Complaint investigations were also completed during this survey. Deficiencies were cited for this survey.	F0000		04/22/2026
F0755 SS = E	Pharmacy Srvc/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.	F0755	1. Resident #14, # 67, # 108 and #156 medication administration records were reviewed by the Director of Nursing. 2. All residents have the potential to be affected by this practice. 3. The Director of Nursing met with LPN #3 and the unit manager to review Resident #108's [REDACTED] sheet documentation and medication administration record (MAR) entries. The Director of Nursing also provided clinical practice referral education to LPN #3. A medication pass observations were completed for licensed practical nurses on both the morning and afternoon shifts, with no medication errors identified. The Director of Nursing reviewed Resident #156's medication administration entries with the attending physician, and a new order was received. The Director of Nursing and unit managers met with licensed nursing staff and provided education on medication administration, including a review of the facility's medication administration and	05/02/2026

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
---	-------	-----------

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 04/02/2026	
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648			
(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
F0755 SS = E	Continued from page 1 §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is NOT MET as evidenced by: Complaint #2790946 Based on observation, interview and record review it was determined that the facility failed to accurately document and administer pharmaceuticals in accordance with physicians' orders for 4 residents (#14, 67, 108, 156) of 32 reviewed. Specifically, Resident #14 received late administration of [REDACTED] [NJ Exec Order 26.4b1] Resident #67 received late administration of [REDACTED] [NJ Exec Order 26.4b1] medications, Resident #108 had documentation discrepancies regarding the administration of [REDACTED] [NJ Exec Order 26.4b1] medication, and Resident #156 had documentation discrepancies regarding the administration of [REDACTED] [NJ Exec Order 26.4b1] medication. The findings are as follows. 1. On 3/26/26 at 10:37 am, the surveyor observed Resident #67 awake in bed. Two certified nursing assistants were assisting the resident with morning personal care. The resident appeared [REDACTED] [NJ Exec Order 26.4b1] On 3/30/26 at 11:00 am and 3/31/26 at 10:34 am, the surveyor again observed the resident in bed. The resident was [REDACTED] [NJ Exec Order 26.4b1] and [REDACTED] [NJ Exec Order 26.4b1]. On 3/26/26 at 10:40 am, the surveyor observed Licensed Practical Nurse Unit Manager #1 (LPN UM #1) administering medications ordered for 9 am. She stated she had a callout and was covering for medication administration. On 3/27/26 at 10:22 am, the surveyor observed LPN #2 administering 9 am medications. LPN #2 stated it is difficult to give out all the 9 am medications between the 2-hour window of 8 am to 10 am (the standard of nursing practice is a 2-hour window, 1 hour before and 1 hour after the plotted administration time).			F0755	Continued from page 1 documentation policies. 4. The Director of Nursing, or designee, will conduct audits of five residents' medication administration records twice weekly for two weeks, followed by audits of five residents once weekly for an additional two weeks. The Director of Nursing or designee will audit five residents' medication declination sheets twice weekly for two weeks, followed by once weekly audits for two additional weeks. Audit findings will be presented by the Director of Nursing to the Quality Assurance Committee during the monthly QAPI meeting to evaluate compliance and determine if further recommendations are necessary to ensure 100% adherence.		05/02/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 04/02/2026
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648	
(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
F0755 SS = E	Continued from page 2 On 3/27/26 at 10:24 am, the surveyor observed Registered Nurse #1 (RN #1) administering 9 am medications. RN #1 stated it is difficult to complete 9 am medication pass in 2 hours. On 3/27/26 at 10:26 am, the surveyor interviewed LPN UM #1. She confirmed the 3/26 and 3/27 medication administration ran at least ½ hour late. She confirmed this has become routine to run over the acceptable time of administration. She stated the physician has not been made aware of the late administered medications. A review of Resident #67's electronic medical record revealed the following information. The Admission Record included diagnoses of NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 The NJ Exec Order quarterly Minimum Data Set (MDS) assessment tool indicated the resident was able to NJ Exec Order 26.4b1 and able to NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 (Section B), however, the resident answered all questions NJ Exec Order 26.4b1 in the Brief Interview for Mental Status (Section C). Section C indicated the resident received scheduled NJ Exec Order medication during the 5-day look back period. The resident was able to complete the NJ Exec Order assessment interview which indicated the resident had not experienced NJ Exec Order in the previous 5 days. The NJ Exec Order Care Plan, last reviewed by the facility on NJ Exec Order indicated that the resident experienced NJ Exec Order related to NJ Exec Order and was able to request NJ Exec Order medication and NJ Exec Order 26.4b1 the NJ Exec Order of the NJ Exec Order The Order Summary Report listed the following physician's orders for routine NJ Exec Order management. NJ Exec Order 26.4b1 with meals for NJ Exec Order (scheduled 8 am, 12 pm, 5 pm). NJ Exec Order 26.4b1 tablets with meals for NJ Exec Order (scheduled 8 am, 12 pm, 5 pm). NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 once a day for NJ Exec Order management (scheduled 9 am).	F0755		05/02/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 04/02/2026
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648	
(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
F0755 SS = E	Continued from page 3 NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 once a day for NJ Exec management (scheduled 9 am). The NJ Exec Order 26.4b1 Medication Administration Audit Report (a report documenting medications administered outside of the acceptable 2-hour window) revealed numerous late administrations of routine NJ Exec medications. A summary of late NJ Exec medications during the month of NJ Exec Order 26.4b1 follows. NJ Exec Order 26.4b1 was administered late 43 times, NJ Exec Order was administered late 36 times, NJ Exec Order 26.4b1 to the NJ Exec was administered late 18 times, and NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1 was administered late 17 times. The medications which were scheduled to be administered at the beginning of the morning shift NJ Exec Order and NJ Exec Order 26.4b1 at 8 am and NJ Exec Order 26.4b1 at 9 am) were frequently documented by the nurse as having been administered after 2 pm. The surveyor reviewed the facility policy titled Pain Management and Assessment, dated 5/1/25. Step 6 reads "The medication regimen is implemented as ordered. Results of the interventions are documented and communicated directly to the provider when appropriate. Ongoing communication between the prescriber and the staff is necessary for the optimal and judicious use of pain medications." The surveyor reviewed the facility policy titled Administering Medications, revised 4/2019. Step 4 reads "Medications are administered in accordance with prescriber orders, including any required time frame." Step 7 reads "Medications are administered within one (1) hour of their prescribed time, unless otherwise specified..." On 3/31/26, the surveyor spoke with the U.S. FOIA (b)(6) regarding the discrepancies between scheduled times and administration times of routine NJ Exec medications. On 4/1/26, the U.S. FOIA responded to the survey team stating that the interdisciplinary team met along with the resident's family member to address the times of administration of NJ Exec medications.	F0755		05/02/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 04/02/2026
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648	
(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
F0755 SS = E	Continued from page 4 2. On 3/27/26 at 12:55 PM, the surveyor, in the presence of LPN #3, began the inspection of the [redacted] medications, which were stored in a separately locked, permanently affixed compartment of the medication cart ([redacted] box), located on the west side of the second floor. A review of the Individual Patient's [redacted] declining inventory sheet used to track removal of a [redacted] inventory) for Resident #108's [redacted] tablets (generic for [redacted]) revealed the following documentation by the nurses: -On [redacted] at "9," a dose was signed removed. -On [redacted] at 9 PM, a dose was signed removed. -On [redacted] at 9 PM, a dose was signed removed. -On [redacted] at 9 PM, a dose was signed removed. A review of the [redacted] Medication Administration Record (MAR) for Resident #108 revealed the following: -On [redacted], no administration of [redacted] was documented. -On [redacted] at 11:32 PM, the administration of [redacted] was documented. -On [redacted] no administration of [redacted] was documented. -On [redacted] at 10:51 PM, the administration of [redacted] was documented. -On [redacted], the effectiveness of [redacted] was not documented. A review of the Care Plan with a start date of [redacted] revealed Resident #108 uses [redacted] medication [redacted] related to [redacted] Interventions included but were not limited to, "Administer [redacted] medications as ordered by physician. Monitor/Documented side effects and effectiveness Q-SHIFT." A review of the Order Summary Report for Resident #108 revealed the following orders: -NJ Exec Order 26.4b1 Give 1 tablet by mouth every 24 hours as needed for [redacted] for [redacted] 1 tablet by mouth nightly [redacted]	F0755		05/02/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 04/02/2026
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648	
(X4) ID PREFIX TAG F0755 SS = E	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG F0755	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 05/02/2026
	Continued from page 5 with a start date of [REDACTED] NJ Exec Order [REDACTED]. -NJ Exec Order 26.4b1 Give 1 tablet by mouth one time only for [REDACTED] until [REDACTED] 23:59" with a start date of [REDACTED] NJ Exec Order 26.4b1 On 3/27/26 at 1:30 PM, the surveyor discussed the concerns with the [REDACTED] U.S. FOIA (b)(6). The [REDACTED] U.S. FOIA (b)(6) stated the protocol is the nurse signs the declining inventory sheet when they remove the [REDACTED] NJ Exec Order 26.4b1 medication from the bingo card. The nurse signs the MAR after they administer the [REDACTED] NJ Exec Order 26.4b1 medication. On 3/31/2026 at 1:40 PM, the survey team met with the [REDACTED] U.S. FOIA (b)(6). The surveyor, in the presence of the survey team, interviewed the [REDACTED] U.S. FOIA who stated that the expectation is to sign the declination sheet after popping the tablet out of the bingo card and to sign the MAR right away after administering the medication. The [REDACTED] U.S. FOIA also acknowledged that the effectiveness of [REDACTED] NJ Exec Order 26.4b1 administered on [REDACTED] NJ Exec Order 26.4b1 should have been documented on the MAR in accordance with Resident #108's Care Plan. The [REDACTED] U.S. FOIA stated that the nurses admitted they did not act according to the standard of practice. A review of the facility's "Administering Medications" policy, revised 4/2019, revealed the following: - "The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones." - "As required or indicated for a medication, the individual administering the medication records in the resident's medical record: the date and time the medication was administered; the dosage; the route of administration; the injection site (if applicable); any complaints or symptoms for which the drug was administered; any results achieved and when those results were observed; and the signature and title of the person administering the drug." 3. On 4/1/26 at 9:26 AM, the surveyor reviewed the electronic medical record (EMR) for Resident #156. The Admission Record revealed Resident #156 had diagnoses that included but were not limited to, [REDACTED] NJ Exec Order 26.4b1 [REDACTED]			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 04/02/2026
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648	
(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
F0755 SS = E	Continued from page 6 A Comprehensive MDS assessment dated [REDACTED] indicated the facility assessed the resident's cognition using a Brief Interview Mental Status (BIMS) test. Resident #156 scored [REDACTED] out of 15, which indicated the resident had [REDACTED]. The resident was also coded as receiving a scheduled [REDACTED] management regimen. A physician's order dated [REDACTED] indicated to give [REDACTED] one tablet by mouth one time a day for [REDACTED]. The medication was scheduled to be administered at 9 AM. A physician's order dated [REDACTED] indicated to give [REDACTED] tablet, [REDACTED] by mouth two times a day for [REDACTED]. The medication was scheduled to be administered at 2 PM and 10 PM. A review of the [REDACTED] Medication Administration Record (MAR) revealed for the above [REDACTED] order there were two entries left blank and unsigned on [REDACTED] for the 2 PM dose and [REDACTED] for the 10 PM dose. On 4/1/26 at 10:58 AM, the surveyor asked LPN #5, who was assigned to care for Resident #156, to review the resident's [REDACTED] an accountability log, used to track the chain of custody, usage, and disposal of [REDACTED]. The [REDACTED] was completed by the nurses who wrote the date, the time, and their signature when a medication dose was removed for administration. The [REDACTED] currently in use were in a binder on the medication cart. The surveyor with LPN #5 reviewed the [REDACTED] tablet [REDACTED] which had entries dated from [REDACTED] and revealed the following: There were two entries on [REDACTED] one signed for 9 AM and another signed at 9 PM. There were two entries on [REDACTED], one signed for 9 AM and another signed at 9 PM. LPN #5 confirmed the signature at 9 AM was their signature and was not sure which nurse signed at 9 PM. LPN #5 stated Resident #156 received [REDACTED] at 9 AM and [REDACTED] at 2 PM and 10 PM as ordered by the physician. The LPN could not speak to why there were entries for 9PM on the [REDACTED]. The surveyor with LPN #5 reviewed the [REDACTED]	F0755		05/02/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 04/02/2026
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648	
(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
F0755 SS = E	Continued from page 7 NJ Exec Order 26.4b1 with entries dated NJ Exec Order 26.4b1 stored in Resident #156's hard copy chart which revealed the following: On 3/21/26 at 2 PM, LPN #5 confirmed that was their signature which indicated NJ Exec Order 26.4b1 was removed for administration to Resident #156. On 3/25/26 and 3/26/26 there was no entry for 10 PM that the medication was dispensed for administration. The surveyor discussed with LPN #5 that review of the NJ Exec Order 26.4b1 MAR revealed unsigned entries on NJ Exec Order 26.4b1 at 2 PM and NJ Exec Order 26.4b1 at 10 PM. LPN #5 reviewed the MAR for NJ Exec Order 26.4b1 on the EMR, confirmed they had worked on the 7AM-3PM shift, and that the entry was unsigned. The LPN did not know why the entry was left unsigned and acknowledged it should have been signed for the medication's administration. The surveyor and LPN #5 were joined by the U.S. FOIA (b)(6) who was informed of the missing signatures on the MAR for NJ Exec Order 26.4b1 and the concerns found upon the NJ Exec Order 26.4b1 review for U.S. FOIA (b)(6) and the surveyor reviewed the above NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 forms which indicated the nurses on NJ Exec Order 26.4b1 at 10 PM signed for NJ Exec Order 26.4b1 being dispensed as administered instead of NJ Exec Order 26.4b1. The U.S. FOIA (b)(6) stated an investigation would be initiated to determine what happened. On 4/1/26 at 11:15 AM the surveyor informed the U.S. FOIA (b)(6) regarding the above concerns. The U.S. FOIA (b)(6) replied that the U.S. FOIA (b)(6) had just informed her, and she was on her way to the unit to investigate. The U.S. FOIA (b)(6) acknowledged if the NJ Exec Order 26.4b1 dose was scored (an indented line on a medication pill designed to allow it to be safely and easily split into smaller, equal doses) and the nurse cut the pill to provide a NJ Exec Order 26.4b1 dose it would be expected for there to be two nurse signatures for the entry on the NJ Exec Order 26.4b1 to indicate a witness for the disposal of one half of the cut tablet. None of the entries identified documented disposal or a second nurse as a witness. On 4/1/26 at 1:17 PM, the surveyor informed the U.S. FOIA (b)(6) of the above concerns for the missing signed entries on the MAR; and the discrepancies identified of the nurses dispensing NJ Exec Order 26.4b1 for administration instead of NJ Exec Order 26.4b1. The U.S. FOIA (b)(6) stated an investigation	F0755		05/02/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 04/02/2026
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648	
(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
F0755 SS = E	Continued from page 8 was initiated. The surveyor requested copies of the [redacted] for [redacted] and [redacted]. Additional review and summary of discrepancies identified for [redacted] in [redacted] and [redacted] revealed: On [redacted] for the [redacted] 10 PM dose, the nurse signed as dispensed [redacted] and not [redacted]. The surveyor reviewed the [redacted] MAR which revealed the [redacted] medication dose entry at 10 PM was signed as administered. On [redacted] for the [redacted] 10 PM dose, the nurse signed as dispensed [redacted] and not [redacted]. The surveyor reviewed the [redacted] MAR which revealed the [redacted] medication dose entry at 10 PM was signed as administered. On [redacted] for the [redacted] 10 PM dose, the nurse signed as dispensed [redacted] and not [redacted]. The surveyor reviewed the [redacted] MAR which revealed the [redacted] medication dose entry at 10 PM was signed as administered. On [redacted] for the [redacted] 10 PM dose, the nurse signed as dispensed [redacted] and not [redacted]. The surveyor reviewed the [redacted] MAR which revealed the [redacted] medication dose entry at 10 PM was signed as administered. On [redacted] for the [redacted] 10 PM dose, the nurse signed as dispensed [redacted] and not [redacted]. The surveyor reviewed the [redacted] MAR which revealed the [redacted] medication dose entry at 10 PM was signed as administered. On [redacted] for the [redacted] 10 PM dose, the nurse signed as dispensed [redacted] and not [redacted]. The surveyor reviewed the [redacted] MAR which revealed the [redacted] medication dose entry at 10 PM was signed as administered.	F0755		05/02/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 04/02/2026
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648	
(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
F0755 SS = E	Continued from page 9 On [redacted] for the [redacted] 10 PM dose, the nurse signed as dispensed [redacted] and not [redacted]. The surveyor reviewed the [redacted] MAR which revealed the [redacted] medication dose entry at 10 PM was signed as administered. On [redacted] for the [redacted] 10 PM dose, the nurse signed as dispensed [redacted] and not [redacted]. The surveyor reviewed the [redacted] MAR which revealed the [redacted] medication dose entry at 10 PM was signed as administered. On 4/2/26 at 10:12 AM, the [redacted] U.S. FOIA (b)(6) met with the survey team. The [redacted] U.S. FOIA stated Resident #156's [redacted] for [redacted] were reviewed and acknowledged the concern found as the records reflected that [redacted] was administered instead of [redacted]. The [redacted] U.S. FOIA stated the physician and the resident's representative were notified of the occurrences; there were no signs or symptoms of [redacted] to the resident; no [redacted] noted; and nursing staff education was initiated regarding documentation and medication handling errors. There was no additional information provided by the facility's management. A review of the undated, facility provided policy titled, "Administering Medications", under Policy Interpretation and Implementation revealed: "... 4. Medications are administered in accordance with prescriber orders... 10. The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication..." A review of the undated, facility provided policy titled, "Documentation of Medication Administration", under Policy Interpretation and Implementation revealed: A nurse documents all medications administered to each resident on the resident's MAR... Administration of medication is documented immediately at least within the hour after it is given... 4.) On 3/26/26 at 11:15 AM, the surveyor observed	F0755		05/02/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 04/02/2026
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648	
(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
F0755 SS = E	Continued from page 10 Resident #14 in a wheelchair in the nursing unit dining room [REDACTED] and [REDACTED]. The resident was participating in an activity with staff in attendance. The resident [REDACTED] to [REDACTED] from surveyor with the assistance of the facility's [REDACTED]. A review of Resident #14's admission record reflected the resident was admitted to the facility with diagnoses including but not limited to [REDACTED]. A review of Resident #14's annual Minimum Data Set (MDS), an assessment tool dated [REDACTED] reflected that the resident was [REDACTED]. A review of Resident #14's Physicians orders (POs) reflected physician's orders for 2 [REDACTED] in 3 orders. PO #1 dated [REDACTED] [REDACTED] and notify the provider, Give [REDACTED] three times a day (8:00AM, 11:30 AM and 4:30PM). PO #2 dated [REDACTED] in the morning (9:00 am), discontinued on [REDACTED]. PO #3 dated [REDACTED] in the morning (9:00 am). A review of Resident #14's medication administration record (MAR) and the Medication audit summary report for [REDACTED] and [REDACTED] of [REDACTED] reflected that [REDACTED] PO #1 was administered more than one hour after the ordered administration time on 54 of the ordered 93 occurrences in [REDACTED]. The MAR reflected that [REDACTED] PO #2 dated [REDACTED] was administered more than 1 hour after the ordered administration time on 16 of 31 of the ordered occurrences in [REDACTED]. The MAR reflected [REDACTED] PO #3 dated [REDACTED] was administered more than 1 hour after the ordered administration time on 3 of 5 ordered occurrences. On 4/1/26 at 11:45 AM, the surveyor interviewed LPN #3 concerning Resident #14's [REDACTED] orders and administration. The LPN confirmed she administered the residents [REDACTED] ordered for [REDACTED] at 8:00 AM and the administration time of 9:17 AM was accurate in the (EHR). The LPN acknowledged medication should have been administered between 1 hour prior to and 1 hour after ordered administration time. The surveyor asked the LPN about procedure for administering	F0755		05/02/2026

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 04/02/2026
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648	
(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
F0755 SS = E	Continued from page 11 medications late and the LPN explained she should have notified the provider and obtained an order for administering the medication at the later time. On 4/1/26 at 1:28 PM. The Survey team met with the U.S. FOIA (b)(6) U.S. FOIA acknowledged that all nurses should have administered the ordered NJ Exec Ord within an hour of the ordered administration time. NJAC 8:39-29.1; 29.2; 29.5; 29.7	F0755		05/02/2026
F0558 SS = D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review it was determined that the facility failed to ensure call devices were positioned within reach of a resident who was at risk for NJ Exec Ord . The deficient practice was cited for 1 resident (Resident #59) and evidenced by the following. On 3/26/26 at 11:30 am, the surveyor observed Resident #59 standing in the doorway of their room next to their bed. The resident told the surveyor that they needed help because there was spilled water in the room. The surveyor inquired whether the resident pushed the call device to summon help. The resident replied NJ Exec Ord did not know where the device was. The call device was observed on the floor under the bed near the roommate's bed. On 3/27/2026 at 10:37 am, the surveyor observed the resident lying on their bed. The surveyor observed the call device under the bed near the roommate's bed. When asked by the surveyor where the call bell was, the resident replied they did not know. On 3/30/26 at 9:50 am, the surveyor observed the resident lying on their bed. The surveyor observed the call device on the floor under the bed near the roommate's bed. The resident indicated they did not know where the call device was and stated "it's important that I have it in case I need to use it."	F0558	1 Resident #59's call bell was immediately assessed and secured, ensuring it was properly clipped and within reach. 2 All residents have the potential to be affected by this practice. 3 The Director of Nursing and unit managers conducted an audit of all residents to ensure call bells were securely clipped and within reach. Unit managers on each floor provided education to nursing staff on ensuring call lights are properly secured and within reach during rounds. The education also included a review of the facility's call light policy 4. The Director of Nursing or designee, will conduct call bell placement audits on five residents per floor three times weekly for two weeks, followed by audits of five residents two times weekly for an additional two weeks. Audit findings will be presented by the Director of Nursing to the Quality Assurance Committee during the monthly QAPI meeting to evaluate compliance and determine if further recommendations are necessary to ensure 100% adherence	05/02/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 04/02/2026
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648	
(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
F0558 SS = D	Continued from page 12 On 3/30/26 at 10 am, the surveyor spoke with the U.S. FOIA (b)(6) explaining the call bell was on the floor under the bed on 3/26, 3/27, and 3/30. She stated it should have been clipped to the bed where the resident could reach it. She stated staff is to make rounds to be sure call bells are accessible to residents. A review of the resident's medical record revealed the following information. The Admission Record included diagnoses of altered NJ Exec Order 26.4b1. The Care Plan Report included a NJ Exec Order 26.4b1 risk care plan related to NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 use. NJ Exec Order 26.4b1 interventions included providing a working and reachable call device. The NJ Exec Order 26.4b1 quarterly Minimum Data Set assessment tool indicated the resident was NJ Exec Order 26.4b1. The facility's policy titled Answering the Call Light, revised September 2022, noted in general guideline #5 "Ensure that the call light is accessible to the resident when in bed..." On 3/30/2026 at 1:18 pm, the surveyor spoke with the U.S. FOIA (b)(6) regarding the concern of the call placement for 3 days of the survey. NJAC 8:39-27.1(a)	F0558		05/02/2026
F0689 SS = D	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: Based on observations, interviews, record review	F0689	1 Resident #80's NJ Exec Order 26.4b1 documentation was immediately reviewed. 2 All residents have the potential to be affected by this practice. 3 The Director of Nursing and unit managers conducted a 30-day retrospective audit of all falls. No negative impact or outcome to residents were identified. Unit Managers on each floor provided education to nursing staff on post fall documentation. The staff education also included a review of the facility's documentation policy.	05/02/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 04/02/2026
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648	
(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 = D	Continued from page 13 and review of other pertinent facility provided documentation, the facility failed to continue to assess a resident after a [REDACTED] to ensure the resident had [REDACTED] from the event in 1 of 3 residents reviewed for [REDACTED] (Resident #80). This deficient practice was evidenced by the following: On 3/26/26 at 10:52 AM, the surveyor observed Resident # 80 in room seated in chair, interviewable, and stated that they are [REDACTED] with the care. A review of the Resident # 80's electronic health record (EHR) reflects the resident was admitted with diagnoses that included but were not limited to a [REDACTED] NJ Exec Order 26.4b1 [REDACTED]. A review of Resident #80's annual Minimum Data Set (MDS), dated [REDACTED], an assessment tool, reflected that the resident is [REDACTED] NJ Exec Order 26.4b1 [REDACTED]. The MDS reflected that the resident used a wheelchair for [REDACTED] and needed assistance with [REDACTED] NJ Exec Order 26.4b1 [REDACTED]. A review of the progress notes for Resident #80 reflected the resident was discovered to have sustained an [REDACTED] on [REDACTED] at 3:30 PM. The nursing progress note dated [REDACTED] at 3:32 PM reflected the resident was [REDACTED] on the [REDACTED] NJ Exec Order 26.4b1 [REDACTED] and assessed with [REDACTED] on the resident's [REDACTED] and on the [REDACTED] NJ Exec Order 26.4b1 [REDACTED]. The note also documented the resident was [REDACTED] as to what had occurred. A nursing note on [REDACTED] at 4:13 PM, reflected the [REDACTED] U.S. FOIA (b)(6) [REDACTED] acknowledging receipt of a report of Resident #80's [REDACTED] NJ Exec Order 26.4b1 [REDACTED]. A nursing progress note dated [REDACTED] at 10:14 PM documented a [REDACTED] assessment of resident performed by the Registered Nurse assigned to Resident 80's care on [REDACTED] NJ Exec Order 26.4b1 [REDACTED] for the 3 PM to 11 PM shift. The review of the EHR did not reveal any further documentation of follow up assessments on Resident #80's [REDACTED] NJ Exec Order 26.4b1 [REDACTED]. On 3/27/26 at 1:30 PM, the surveyor interviewed the [REDACTED] U.S. FOIA (b)(6) [REDACTED]. The [REDACTED] provided the facility's [REDACTED] prevention program policy dated [REDACTED] NJ Exec Order 26.4b1 [REDACTED] and confirmed the policy required nurses to chart on a resident that [REDACTED] an [REDACTED] NJ Exec Order 26.4b1 [REDACTED] be assessed by the nurse assigned to the resident every shift for 72 hours [REDACTED] NJ Exec Order 26.4b1 [REDACTED]. The [REDACTED] U.S. FOIA (b)(6) [REDACTED] further confirmed this documentation should include [REDACTED] NJ Exec Order 26.4b1 [REDACTED] and an assessment of the resident's status. The [REDACTED] U.S. FOIA (b)(6) [REDACTED] confirmed no nursing resident assessments were documented after [REDACTED] NJ Exec Order 26.4b1 [REDACTED] at 10:14 PM and nursing assessments were required to be documented every shift until [REDACTED] NJ Exec Order 26.4b1 [REDACTED].	F0689	Continued from page 13 4. The Director of Nursing or designee, will conduct call bell placement audits on five residents per floor three times weekly for two weeks, followed by audits of five residents two times weekly for an additional two weeks. Audit findings will be presented by the Director of Nursing to the Quality Assurance Committee during the monthly QAPI meeting to evaluate compliance and determine if further recommendations are necessary to ensure 100% adherence	05/02/2026

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 04/02/2026	
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648			
(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 = D	Continued from page 14 [REDACTED] at 3:30 PM. A review of the facilities policy titled "Fall Prevention Program", dated 5/1/25 reflected after a resident had sustained a fall...Each nurse, each shift will observe the resident and document for 72 hours in the resident's medical record. N.J.A.C. 8:39-27.1 (a)		F0689			05/02/2026	
F0692 SS = D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and review of pertinent facility documentation, it was determined that the facility failed to monitor the [REDACTED] status for 1 of 1 residents reviewed for [REDACTED] status (Resident #137), by not following a physician's orders for monitoring of the resident's weight. The deficient practice was evidenced by the following: On 3/26/26 at 10:46 AM, the surveyor observed resident in bed, awake and responsive with the call bell placed within the resident's reach.		F0692	1 Resident #137 was [REDACTED] and the [REDACTED] was documented in the medical record. The physician was notified, and the resident's [REDACTED] remains [REDACTED] and [REDACTED] with [REDACTED] 2 All residents have the potential to be affected by this practice. 3 The Director of Nursing and unit managers conducted an audit of all residents with daily weight orders. No negative impacts or adverse outcomes were identified. The unit managers on each floor provided education to nursing staff on the timely documentation of residents' weights and physician notification for any missed weights. This education also included a review of the facility's documentation policy. 4. The Director of Nursing, or designee, will review physician orders for daily weights, including documentation and physician notification, during the clinical morning meeting each day for two weeks, followed by reviews three times per week for an additional two weeks. Audit findings will be presented by the Director of Nursing to the Quality Assurance Committee during the monthly QAPI meeting to evaluate compliance and determine if further recommendations are necessary to ensure 100% adherence.		05/02/2026	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 04/02/2026
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648	
(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
F0692 SS = D	Continued from page 15 A review of Resident #137's Admission Record reflected that the resident was admitted to the facility with diagnoses which included but were not limited to: NJ Exec Order 26.4b1 A review of Resident #137's annual Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4b1, reflected that the resident was NJ Exec Order 26.4b1 A review of the resident's Physician Order Summary report reflected the following physician's order (PO): NJ Exec Order 26.4b1 resident daily and notify provider if resident NJ Exec Order 26.4b1 in 24 hour period or greater than NJ Exec Order 26.4b1. in one week, initiated on NJ Exec Order 26.4b1 A review of Resident #137's medical record does not indicate a NJ Exec Order 26.4b1 was obtained on 50 of 59 days in the Months of NJ Exec Order 26.4b1 as required by the PO. A review of electronic health records (EHR) reflects the following weights were obtained and documented: NJ Exec Order 26.4b1 NJ Exec Order 26.4b1. A review of the resident's EHR does not reflect documentation that the recorded NJ Exec Order 26.4b1 were discussed with the provider during the months of NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 On 4/1/26 at 11:00 AM, the surveyor interviewed Resident #137 with assistance of the facility's NJ Exec Order 26.4b1. The resident demonstrate NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1. The resident could not recall being NJ Exec Order 26.4b1 by stair and did not NJ Exec Order 26.4b1 a reason that the physician may have ordered a daily NJ Exec Order 26.4b1 On 04/1/2026 at 11:35 AM, the survey interviewed the U.S. FOIA (b)(6) assigned to Resident #37s care. The U.S. FOIA (b)(6) confirmed a physician's order was present in the resident's EHR to obtain the resident's NJ Exec Order 26.4b1 daily. The U.S. FOIA (b)(6) confirmed nurses are required to documents NJ Exec Order 26.4b1 in the vital signs section of the resident's EHR and sign the Medication Administration Record (MAR) that they were obtained. The U.S. FOIA (b)(6) acknowledged that residents should always have NJ Exec Order 26.4b1 assessed and documented according to the physician's orders. A review of the facility policy, "Weight Assessment and Documentation", reflected ...residents are weighed at admission and at intervals established by	F0692		05/02/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 04/02/2026
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648	
(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
F0692 SS = D	Continued from page 16 the interdisciplinary team...weights are recorded in the weight record chart in the individual's medical record On 4/1/26 at 1:30 PM, the survey team met with U.S. FOIA (b)(6) to discuss the above observations and concerns. The U.S. FOIA confirmed that the U.S. FOIA were not obtained and documented per the PO for Resident #137 on 50 of 59 days in U.S. FOIA. NJAC 8:39-17.1(c); 17.2(d); 27.2(e), (k)	F0692		05/02/2026
F0695 SS = D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to clarify NJ Exec Order 26.4b1 orders to ensure a resident was provided with care, consistent with professional standards of practice, for 1 of 1 resident (Resident #16) reviewed for NJ Exec Order 26.4b1 care. The deficient practice was evidenced by the following: On 3/26/26 at 11:11 AM, the surveyor observed Resident #16 sitting in a wheelchair, NJ Exec Order 26.4b1 and sitting with other residents at a table for a recreational activity. The resident was not on any NJ Exec Order 26.4b1 and there were no observed concerns. On 4/1/26 at 9:09 AM, the surveyor reviewed the Electronic Medical Record (EMR) of Resident #16. The Admission Record (a summary of important resident information) revealed Resident #16 had diagnoses that included but were not limited to, NJ Exec Order 26.4b1	F0695	1. Resident #16 NJ Exec Order order was clarified with the physician. 2. All residents have the potential to be affected by this practice. 3. The unit manager clarified the NJ Exec Order order with the physician and corrected order entry. The Director of Nursing conducted an audit of all residents with oxygen orders, including verification of specific LPM documentation. No additional residents were identified with documented parameters. The unit managers on each floor provided education to nursing staff on the facility's respiratory care policy 4. The Director of Nursing, or designee, will conduct audits of five residents with oxygen orders three times per week for two weeks, followed by audits of five residents twice per week for an additional two weeks. Audit findings will be presented by the Director of Nursing to the Quality Assurance Committee during the monthly QAPI meeting to evaluate compliance and determine if further recommendations are necessary to ensure 100% adherence	05/02/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 04/02/2026
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648	
(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
F0695 SS = D	Continued from page 17 A Quarterly Minimum Data Set assessment, a tool used to facilitate management of care, dated [redacted] indicated the facility assessed the resident's [redacted] using a Brief Interview Mental Status (BIMS) test. Resident #16 scored [redacted] out of 15, which indicated the resident had [redacted]. A physician's order dated [redacted] indicated to administer [redacted] at [redacted] NJ Exec Order 26.4b1 via [redacted] as needed (PRN) for [redacted] of [redacted]. A physician's order dated [redacted] indicated the resident was receiving [redacted] care services. A review of the [redacted] and [redacted] Treatment Administration Record (TAR) for the above [redacted] order entry revealed the resident had not needed PRN [redacted]. On 4/1/26 at 10:50 AM, the surveyor interviewed the U.S. FOIA (b)(6) [redacted] who stated [redacted] orders should have a specified [redacted]. The [redacted] further explained if the [redacted] ordered was not helping a resident, the physician could be called to obtain an order to increase the [redacted] of [redacted] administered. The surveyor discussed with the [redacted] the concern for Resident #16's PRN [redacted] order which indicated [redacted] delivery at [redacted]. The [redacted] stated there may be [redacted] recommendations for a range of [redacted] especially for [redacted] care residents. The [redacted] acknowledged the nurses should clarify with the physician the [redacted] order as it should specify an [redacted]. The [redacted] stated she would review and clarify Resident #16's order with the physician. On 4/1/26 at 1:17 PM, the surveyor informed the U.S. FOIA (b)(6) [redacted] about the concern with Resident #16's PRN [redacted] order. The [redacted] stated the expectation was for an [redacted] order to have a specific [redacted] and not a range to administer. The [redacted] further explained that the [redacted] clarified the order with the physician after surveyor inquiry. There was no additional information provided by the facility's management. A review of the facility provided policy with the subject of "Respiratory Care Policy" revealed under Policy: "... The facility shall provide safe, effective, and	F0695		05/02/2026

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 04/02/2026	
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648			
(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	
F0695 SS = D	Continued from page 18 individualized respiratory care services to all residents in accordance with physician orders, a professional standards of practice, and regulatory requirements..." NJAC 8:39-27.1(a)	F0695				05/02/2026	
F0836 SS = D	License/Comply w/ Fed/State/Locl Law/Prof Std CFR(s): 483.70(a)-(c) §483.70(a) Licensure. A facility must be licensed under applicable State and local law. §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards. The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility. §483.70(c) Relationship to Other HHS Regulations. In addition to compliance with the regulations set forth in this subpart, facilities are obliged to meet the applicable provisions of other HHS regulations, including but not limited to those pertaining to nondiscrimination on the basis of race, color, or national origin (45 CFR part 80); nondiscrimination on the basis of disability (45 CFR part 84); nondiscrimination on the basis of age (45 CFR part 91); nondiscrimination on the basis of race, color, national origin, sex, age, or disability (45 CFR part 92); protection of human subjects of research (45 CFR part 46); and fraud and abuse (42 CFR part 455) and protection of individually identifiable health information (45 CFR parts 160 and 164). Violations of such other provisions may result in a finding of non-compliance with this paragraph. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and review of pertinent facility documents it was determined that the facility failed to notify CMS (Centers for Medicare & Medicaid Services) and receive authorization for a change in facility name in accordance with 42 CFR (Code of Federal Regulations) 424.516.	F0836	1. Immediate Corrective Action: The facility-initiated CMS enrollment/update process for the change in facility name and submitted required notifications. 2. Identification of Other Residents: No residents were directly affected by this deficiency. 3. Systemic Measures: Administration was re-educated on CMS enrollment, reporting requirements, and 42 CFR 424.516 timeframes. A regulatory compliance tracking log was implemented to ensure timely reporting of ownership, name, and operational changes. All future changes will require compliance review prior to implementation. 4. Monitoring / QA: Administrator/designee will review all regulatory submissions monthly. Quarterly compliance audit will be presented to QAPI. Noncompliance will trigger immediate corrective action and retraining.			04/30/2026	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 04/02/2026	
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648			
(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	
F0836 SS = D	Continued from page 19 This deficient practice was evidenced by the following: According to 42 CFR 424.516 Additional provider and supplier requirements for enrolling and maintaining active enrollment status in the Medicare Program: "(a) Certifying compliance. CMS enrolls and maintains an active enrollment status for a provider or supplier when that provider or supplier certifies that it meets, and continues to meet, and CMS verifies that it meets, and continues to meet, all of the following requirements: (1) Compliance with title XVIII of the Act and applicable Medicare regulations. (2) Compliance with Federal and State licensure, certification, and regulatory requirements, as required, based on the type of services or supplies the provider or supplier type will furnish and bill Medicare. (3) Not employing or contracting with individuals or entities that meet either of the following conditions: (i) Excluded from participation in any Federal health care programs, for the provision of items and services covered under the programs, in violation of section 1128 A(a)(6) of the Act. (ii) Debarred by the General Services Administration (GSA) from any other Executive Branch procurement or nonprocurement programs or activities, in accordance with the Federal Acquisition and Streamlining Act of 1994, and with the HHS Common Rule at 45 CFR part 76..... (d) Reporting requirements for physicians, nonphysician practitioners, and physician and nonphysician practitioner organizations. Physicians, nonphysician practitioners, and physician and nonphysician practitioner organizations must report the following reportable events to their Medicare contractor within the specified timeframes: (1) Within 30 days - (i) A change of ownership; (ii) Any adverse legal action; or (iii) A change in practice location. (2) All other changes in enrollment must be reported within 90 days."	F0836				04/30/2026	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 04/02/2026
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648	
(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
F0836 SS = D	Continued from page 20 On 3/26/26 at 8:55 AM, upon arrival to the facility, the surveyor observed a sign outside the facility which revealed "Excelcare at Norwood", not "Buckingham at Norwood." On 3/26/26 at 10:30 AM, the U.S. FOIA (b)(6) stated that the facility was now owned by Excelcare and that they sent in a request for name change to the state but they did not do the name change through CMS yet. The U.S. FOIA (b)(6) stated that he did not have a business card to provide the surveyor, yet, the U.S. FOIA (b)(6) provided the surveyor with a business card. The U.S. FOIA (b)(6) business card revealed that the facility name on the card was listed as "Excelcare at Norwood." The U.S. FOIA (b)(6) provided the surveyor with the Facility Assessment which revealed "Excelcare at Norwood" documented on the cover page, and the Facility Assessment, which also revealed "Excelcare at Norwood" documented on the cover page. On 3/27/26 at 10:40 AM, the U.S. FOIA (b)(6) provided the surveyor with a letter dated February 28, 2025 which revealed that the facility had sent written notification to the Assistant Commissioner to indicate the agreement for new management. The surveyor met with the facility U.S. FOIA (b)(6), to discuss the deficient practice of utilizing the facility name ExcelCare at Norwood without CMS approval. No further information or documentation was provided to the survey team to refute these findings.NJAC 8:39-5.1 (a)	F0836		04/30/2026

New Jersey 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 04/02/2026	
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648			
(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	
H0000	Initials Comments THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:43E, STANDARDS FOR GENERAL LICENSURE PROCEDURES AND ENFORCEMENT OF LICENSURE REGULATIONS. THE FACILITY MUST SUBMIT A PLAN OF CORRECTION, INCLUDING A COMPLETION DATE, FOR EACH DEFICIENCY AND ENSURE THAT THE PLAN IS IMPLEMENTED.		H0000			04/22/2026	
S0000	Initial Comments 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.		S0000			04/22/2026	
H0970	LICENSURE PROCEDURES: FACILITY LICENSURE CFR(s): 8:43E-5.3(a) A license shall be issued only where the survey conducted pursuant to N.J.A.C. 8:43E-5.2 demonstrates that the facility meets the requirements as set forth in N.J.S.A. 26:2H-1 et seq. and the applicable rules duly promulgated pursuant thereto. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and review of pertinent facility documents it was determined that the facility failed to complete an application for long term care facility license to change the facility ownership and name through the New Jersey Department of Health. On 3/26/26 at 8:55 AM, upon arrival to the facility, the surveyor observed a sign outside the facility		H0970	1.Effective immediately, the facility has ceased use of the unapproved name. All references have been corrected to reflect the licensed name: Buckingham Care Center, managed and operated by Excel Care. Any signage, business cards, internal documents, and external communications have been revised or removed to ensure compliance with the approved licensure name. 2.An audit was conducted by all facility departments including administration, nursing, admissions, marketing, and human resources to identify any additional instances where the unapproved name was utilized. All identified materials (including facility assessment documents, business cards, signage, and marketing materials) have been corrected to reflect the licensed name.		04/30/2026	

Office of Primary Care and Health Systems Management

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

New Jersey 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 04/02/2026	
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648			
(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	
H0970	Continued from page 1 which revealed "Excelcare at Norwood", not "Buckingham at Norwood." On 3/26/26 at 10:30 AM, the Licensed Nursing Home Administrator (LNHA) stated that the facility was now owned by Excelcare and that they sent in a request for name change to the state. The LNHA stated that the facility had not heard back from the state, when the facility sent an email to the Assistant Commissioner to request a name change. The LNHA stated that the facility did not fill out an application for long term care facility license to change the facility ownership and name through the New Jersey Department of Health. The LNHA stated that he did not have a business card to provide the surveyor, yet, the Director of Nursing (DON) provided the surveyor with a business card. The DON's business card revealed that the facility name on the card was listed as "Excelcare at Norwood." The LNHA provided the surveyor with the Facility Assessment which revealed "Excelcare at Norwood" documented on the cover page, and the Facility Assessment, which also revealed "Excelcare at Norwood" documented on the cover page. On 3/27/26 at 10:40 AM, the LNHA provided the surveyor with a letter dated February 28, 2025 which revealed that the facility had sent written notification to the Assistant Commissioner to indicate the agreement for new management. The surveyor met with the facility LNHA and Director of Nursing (DON), to discuss the deficient practice of utilizing the facility name ExcelCare at Norwood without CMS approval. No further information or documentation was provided to the survey team to refute these findings.		H0970	Continued from page 1 3.The Licensed Nursing Home Administrator (LNHA) and leadership team have been re-educated on licensure requirements and regulatory compliance related to facility identification. A compliance review process has been implemented requiring all external communications, branding, and materials to be reviewed and approved by administration prior to use. The facility has initiated the appropriate application process with NJDOH to formally request approval for the name change to reflect operation and management by Excel Care. 4.The LNHA or designee will conduct weekly audits for four (4) weeks, then monthly for three (3) months, to ensure that only the approved licensed name (Buckingham Care Center) is utilized in all facility materials and communications. Findings will be reported during Quality Assurance and Performance Improvement (QAPI) meetings, and corrective actions will be taken immediately if any discrepancies are identified		04/30/2026	
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 observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the State of New Jersey. Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised		S0560	1. 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 2 All residents have potential to be affected by this practice 3. The DON conducted an audit of staffing schedules with current facility census to ensure fulfillment of staffing requirements per shift. The facility has implemented an incitive program including referral bonuses for employees referring staff where appropriate.		04/30/2026	

New Jersey 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 04/02/2026	
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648			
(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
S0560	Continued from page 2 Statutes. Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21. 1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios: (1) one certified nurse aide to every eight residents for the day shift. (2) 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 certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties, and (3) 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 certified nurse aide and perform certified nurse aide duties b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census. c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place. (2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.			S0560	Continued from page 2 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 Clipboard, vendor with agency staff, as needed to meet staffing needs. 4. The ODN and/or designee meet with 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 requirement is met. Audit findings will be presented by the Director of Nursing to the Quality Assurance Committee during the monthly QAPU meeting to evaluate if further recommendation is necessary.		04/30/2026

New Jersey 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 04/02/2026	
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648			
(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	
S0560	Continued from page 3 (3) All computations shall be based on the midnight census for the day in which the shift begins. d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides (CNA), or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ... A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" revealed the 2 weeks of AAS-11 report staffing for the 04/02/2026 Recertification survey had the following results. For the 2 weeks of staffing prior to survey from 03/08/2026 to 03/21/2026, the facility was deficient in CNA staffing for residents on 14 of 14-day shifts as follows: -03/08/26 had 18 CNAs for 175 residents on the day shift, required at least 22 CNAs. -03/09/26 had 18 CNAs for 174 residents on the day shift, required at least 22 CNAs. -03/10/26 had 18 CNAs for 173 residents on the day shift, required at least 22 CNAs. -03/11/26 had 16 CNAs for 171 residents on the day shift, required at least 21 CNAs. -03/12/26 had 17 CNAs for 171 residents on the day shift, required at least 21 CNAs. -03/13/26 had 18 CNAs for 171 residents on the day shift, required at least 21 CNAs. -03/14/26 had 18 CNAs for 171 residents on the day shift, required at least 21 CNAs. -03/15/26 had 18 CNAs for 171 residents on the day shift, required at least 21 CNAs. -03/16/26 had 18 CNAs for 172 residents on the day shift, required at least 21 CNAs. -03/17/26 had 18 CNAs for 171 residents on the day	S0560				04/30/2026	

New Jersey 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 04/02/2026	
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648			
(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	
S0560	Continued from page 4 shift, required at least 21 CNAs. -03/18/26 had 18 CNAs for 171 residents on the day shift, required at least 21 CNAs. -03/19/26 had 18 CNAs for 171 residents on the day shift, required at least 21 CNAs. -03/20/26 had 18 CNAs for 171 residents on the day shift, required at least 21 CNAs. -03/21/26 had 18 CNAs for 171 residents on the day shift, required at least 21 CNAs. The surveyor received the facility Staffing Policy revised October 2017. The facility staffing policy indicated sufficient numbers of staff are required to provide care and services to all residents. On 4/2/26 at 1:00 PM, the surveyor informed the Licensed Nursing Home Administrator, the Director of Nursing and the Chief Nursing Officer that 14 of 14 day shifts fell below the required CNA to resident minimum staffing ratios.	S0560				04/30/2026	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 05/13/2026	
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648			
(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 An offsite/desk review of the facility's Plan of Correction was conducted on 5/13/2025 in relation to the 4/2/2026 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 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 05/13/2026	
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648			
(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	
H0000	Initials Comments An offsite/desk review of the facility's Plan of Correction was conducted on 5/13/2026 in relation to the 4/2/2026 State of New Jersey Re-Licensure survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code 8:43E, General Licensure Procedures and Standards Applicable to All Licensed Facilities.		H0000				
S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 5/13/2026 in relation to the 4/2/2026 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
---	-------	-----------

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315290		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING		(X3) DATE SURVEY COMPLETED 04/02/2026	
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648			
(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
K0000 Bldg. 01	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 03/26/2026. the facility was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies. The Buckingham at Norwood is a three-story building built in the 1970's with an addition in the 1990's. It is composed of a Type II (111) protected construction with block bearing walls, steel I-beams sprayed with fireproofing with concrete floors and steel truss roof. The facility is divided into 21 smoke compartments. The facility has two-Type II EPSS (emergency power supply systems) with a 180 KW diesel engine for the main building using 19 % of its capacity under full load and a 50 KW diesel engine for the addition using 30 % of its load. The facility has a complete wet automatic sprinkler system. The number of occupied beds was 174 out of 239.			K0000			04/17/2026
K0225 SS = F Bldg. 01	Stairways and Smokeproof Enclosures CFR(s): NFPA 101 Stairways and Smokeproof Enclosures Stairways and Smokeproof enclosures used as exits are in accordance with 7.2. 18.2.2.3, 18.2.2.4, 19.2.2.3, 19.2.2.4, 7.2 This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility failed to ensure four of 12 fire rated door assemblies for stairway exit doors were equipped with approved fire exit hardware in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 7.2.1.7.2. This deficient practice had the potential to affect all 174 residents who resided at the facility.			K0225	K0225 Facility response: All identified stairway exit doors (Stairways 2, 3, 5, and 6) were immediately assessed by the Maintenance Director. Approved fire exit panic hardware was installed on all deficient doors to ensure compliance with NFPA 101. Functionality was verified by Maintenance. All residents have the potential to be affected by this practice. An audit of all stairways exit doors and fire-rated door assemblies was completed by the Maintenance Director. Maintenance Director or Designee will audit		04/30/2026

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
---	-------	-----------

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315290	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING	(X3) DATE SURVEY COMPLETED 04/02/2026
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648	
(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
K0225 SS = F Bldg. 01	Continued from page 1 Findings include: During an observation on 03/31/26 at 2:46 PM revealed the stairway five fire door on the first floor corridor C across from bedroom 126 lacked panic hardware. During an observation on 03/31/26 at 2:58 PM revealed the stairway three fire door on the first floor corridor B across from bedroom 138 lacked panic hardware. During an observation on 03/31/26 at 3:03 PM revealed the stairway two fire door on the second floor corridor C across from bedroom 238 lacked panic hardware. During an observation on 03/31/26 at 3:35 PM revealed the stairway six fire door on the second floor across from bedroom 257 lacked panic hardware. During an interview at the time of observations, the U.S. FOIA (b)(6) confirmed the stairway exit doors were not equipped with fire exit hardware. N.J.A.C 8:39-31.9(e)	K0225	Continued from page 1 all exit doors on a weekly basis. The Plant Operations Director educated the U.S. FOIA (b)(6) on the NFPA 101 requirements related to fire exit hardware. The Maintenance Director or Designee will conduct an audit of the stairway and exit doors weekly X 4 weeks and then monthly thereafter. Audit findings will be presented by the Maintenance Director or Designee to the Quality Assurance Committee during the monthly QAPI meeting to evaluate compliance and determine if further recommendations are necessary to ensure 100% compliance.	04/30/2026
K0355 SS = F Bldg. 01	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility failed to ensure that dry chemical fire extinguishers were serviced every six years, hydrostatic tested every 12 years and were inspected monthly in accordance with NFPA 10 Standard for Portable Fire extinguishers (2010 Edition) 7.3.1.2.1. and 7.2.1.2. This deficient practice had the potential to affect all 174 residents who resided at the facility. Findings include: During an observation on 03/31/26 at 2:18 PM inf	K0355	1. All non-compliant fire extinguishers were serviced, inspected, and brought into compliance, including required servicing and monthly inspections. 2. A 100% audit of all fire extinguishers was completed. No additional deficiencies were identified. 3. A contracted vendor schedule was implemented for required servicing. Monthly inspection logs were established. Maintenance staff were educated on NFPA 10 requirements by the Administrator. 4. Monthly inspections will be completed by Maintenance Director and reviewed by Administration. Results will be reported to quarterly Quality Assurance meeting	05/11/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315290	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING	(X3) DATE SURVEY COMPLETED 04/02/2026
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648	
(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
K0355 SS = F Bldg. 01	Continued from page 2 the Magnolia Wing revealed a 10-pound dry chemical fire extinguisher with a manufacturer's date of 2019. The fire extinguisher should have had its six-year service performed in 2025. During an observation on 03/31/26 at 2:36 PM in the kitchen it was revealed a five-pound dry chemical fire extinguisher with a service collar and a durable, weather-resistant metallic label on the back of the fire extinguisher was serviced in 2017. The fire extinguisher was not serviced as scheduled in 2023. During an observation on 03/31/26 at 3:05 PM it was revealed a 10-pound fire extinguisher in stairway 5 on the first floor did not have monthly inspections in October, November, December of 2025 and in January, February, or March 2026. During an interview at the time of observation, the U.S. FOIA (b)(6) confirmed that the fire extinguishers were not serviced and inspected monthly.	K0355		05/11/2026
K0712 SS = F Bldg. 01	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This STANDARD is NOT MET as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were conducted each quarter in accordance with NFPA 101 Life Safety Code (2012 Edition) section 19.7.1.7. This deficient practice had the potential to affect all 174 residents who resided at the facility. Findings include: During a record review on 03/31/26 of the facility's untitled fire drill records provided revealed no documented evidence that fire drills were conducted for the first shift, second shift or third shift for the	K0712	K0712 Facility response Fire drills were immediately conducted on all three shifts to restore compliance. All residents have the potential to be affected by this practice. On 3/31/2026 the licensed Nursing Home Administrator and Director of Maintenance conducted an audit of the last three quarters of fire drills on each shift in the facility. On 3/31/2026 Plant Operations Director provided an education to the U.S. FOIA (b)(6) and his staff on the importance of ensuring fire drills are conducted quarterly on each shift. The education also included the facility policy on Fire and Life Safety drills. The Licensed Nursing Home Administrator or designee will audit the facility quarterly fire drills for two quarters. Audit findings will be presented by the Licensed Nursing Home Administrator to the Quality Assurance Committee during the monthly QAPI meeting to evaluate compliance and determine if further recommendations are necessary to ensure 100% adherence.	04/30/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315290		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING		(X3) DATE SURVEY COMPLETED 04/02/2026	
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648			
(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	
K0712 SS = F Bldg. 01	Continued from page 3 second quarter of 2025. During an interview on 03/31/26 at 5:30 PM the U.S. FOIA (b)(6) stated that the second quarter is when they were in the process of purchasing the facility and that the fire drills were not conducted. NJAC 8:39-31.2(e)	K0712				04/30/2026	
K0761 SS = F Bldg. 01	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This STANDARD is NOT MET as evidenced by: Based on document review, observations and interview, the facility failed to ensure fire doors were inspected annually by an individual who could demonstrate the knowledge and understanding of the operating components in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 7.2.1.15. This deficient practice had the potential to affect all 174 residents who resided at the facility. Findings include: Review of the facility's untitled fire safety binder on 03/31/26 the facility U.S. FOIA (b)(6) revealed no documented evidence that the facility's fire doors were inspected annually. Fire doors were observed in many locations throughout the building. During an interview at 4:30 PM the U.S. FOIA (b)(6)	K0761	1. A qualified vendor completed annual inspection of all fire doors. Identified deficiencies were corrected immediately. 2. A 100% inspection of all fire doors was completed with no additional deficiencies noted. 3. An annual fire door inspection program was established using a qualified vendor. Maintenance staff were educated on NFPA 80 requirements by the Administrator. 4. Annual inspections will be scheduled and tracked by Maintenance. The results will be submitted for review by the Maintenance Director to the Quality Assurance committee annually.			05/11/2026	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315290		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING		(X3) DATE SURVEY COMPLETED 04/02/2026	
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648			
(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	
K0761 SS = F Bldg. 01	Continued from page 4 [REDACTED] stated that the fire doors were not inspected. N.J.A.C 8:39-31.2(e) NFPA 80	K0761				05/11/2026	
K0351 SS = E Bldg. 01	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility failed to ensure standard response sprinklers and quick response sprinklers were not in the same smoke compartment in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems (2010 Edition) Section 8.3.3.2. This deficient practice had the potential to affect all 174 residents who resided at the facility. Findings include: During an observation on 03/31/26 at 1:52 PM in room 216 revealed one of two pendent sprinklers was quick response, and one was a standard response. During an observation on 03/31/26 at 2:30 PM in	K0351	K0351 Facility response: Pendent sprinkler heads in room 216 were replaced with quick response. In the kitchen quick response were replaced with standard response sprinkler. All residents have the potential to be affected by this practice. The sprinkler system vendor reviewed compliance with NFPA 13. The Plant Operations Manager educated the [REDACTED] and maintenance staff on proper sprinkler head types and installation requirements. The Maintenance Director or Designee will conduct sprinkler audits weekly X 4 weeks and then monthly thereafter. Results of the sprinkler audit will be presented by the Maintenance Director or Designee to the Quality Assurance Committee during the monthly QAPI meeting to evaluate compliance and determine if further recommendations are necessary to ensure 100% compliance.	04/30/2026			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315290		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING		(X3) DATE SURVEY COMPLETED 04/02/2026	
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648			
(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	
K0351 SS = E Bldg. 01	Continued from page 5 the kitchen it was revealed three out of 21 pendent sprinklers were quick response and 18 were standard response. During an interview at the time of each observation, the U.S. FOIA (b)(6) confirmed the quick response sprinklers was in the same smoke compartment as the standard response sprinklers. N.J.A.C 8:39-31.1(c), 31.2(e) NFPA 13	K0351				04/30/2026	
K0353 SS = E Bldg. 01	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility failed to ensure sprinklers were not loaded with grease for two of 21 sprinklers in the kitchen in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems (2011 Edition) Section 5.2.1.1.1. This deficient practice had the potential to affect all 174 residents who resided at the facility. Findings include:	K0353	1. Grease-contaminated sprinkler heads in the kitchen were cleaned/replaced. 2. A 100% inspection of all sprinkler heads, especially in kitchen and dietary areas, was completed by vendor. No additional concerns were identified. 3. Monthly kitchen sprinkler inspections were implemented. Dietary and Maintenance staff were educated by the Maintenance Director on maintaining sprinkler head cleanliness and compliance with NFPA 25. 4. Monthly inspections will be conducted by Maintenance and reviewed by the Administrator. Findings will be reported by the Maintenance Director to the Administrator during the quarterly Quality Assurance meeting.			05/11/2026	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315290		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING		(X3) DATE SURVEY COMPLETED 04/02/2026	
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648			
(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
K0353 SS = E Bldg. 01	Continued from page 6 During an observation on 03/31/26 at 2:35 PM in the kitchen it was revealed two pendent sprinklers next to the exhaust hood were loaded with grease. During an interview at the time of the observation, the U.S. FOIA (b)(6) confirmed that the sprinklers in the kitchen were loaded with grease. N.J.A.C 8:39-31.2 (e) NFPA 25			K0353			05/11/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 04/02/2026	
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648			
(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
E0000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH) on 03/31/26. The facility was found to be in compliance with 42 CFR 483.73			E0000			04/17/2026

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
---	--	-------	-----------

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315290		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING		(X3) DATE SURVEY COMPLETED 05/11/2026	
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648			
(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
K0000 Bldg. 01	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 05/18/2026 in relation to the 04/02/2026 Life Safety Code survey. The facility was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy.			K0000			

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
---	--	-------	-----------

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 05/11/2026	
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM AT NORWOOD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MCCLELLAN STREET , NORWOOD, New Jersey, 07648		
(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
E0000	Initial Comments The facility was found to be in compliance with the requirement for participation in Medicare/Medicaid at 42 CFR, Subpart 483.73, Emergency Preparedness.	E0000			

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
---	-------	-----------