STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315050	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BURLINGTON WOODS, LLC	115 SUNSET ROAD , BURLINGTON, New Jersey, 08016

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS Complaint #: 2698562 Census: 181 Sample Size: 4 The facility is not in substantial compliance with the requirements of 42 CFR PART 483, SUBPART B, for Long Term Care Facilities based on this Complaint Visit.	F0000		02/13/2026
F0684 SS = D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is NOT MET as evidenced by: Complaint #2698562 Based on interviews, record review of the medical records, and other pertinent facility documents on 1/27/26, it was determined that the facility failed to provide adequate assessment and to provide needed care or services to manage resident's symptoms in accordance with professional standards of practice; after they received report from the resident's family member that the resident had NJ Ex Order 2 in condition. This deficient practice was identified for 1 of 4 residents, (Resident #2) reviewed and was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the	F0684	F 684 – Quality of Care The facility failed to ensure adequate assessment, monitoring, physician notification, documentation, and implementation of ordered interventions related to a change in condition, in accordance with professional standards of practice. This deficient practice was identified for 1 of 4 residents reviewed for Quality of Care (Resident #2). Immediate corrective action for residents affected by deficient practice: • Resident #2 is a discharged patient. • On 1/27/2026, a one-to-one in-service was completed with LPN #1 by the Assistant Director of Nursing on the facility policy on “Documentation in Medical Record” with an emphasis on real time documentation of any significant changes, vital signs, and change of condition monitoring. On 1/27/2026, a one-to-one in-service was completed with the RNS by the Director of Nursing regarding the policy on “Documentation in Medical Record” as well as the “Nurse Supervisor Job Description” with an emphasis on the importance of timely, accurate, and real time documentation of any significant changes in care and services to ensure patient safety, continuity of care, and regulatory compliance. Identify those individuals who could be affected by the	02/13/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315050	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/27/2026

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F0684 SS = D	Continued from page 1 framework of casefinding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." According to the Admission Record, Resident #2 was admitted to the facility with diagnoses which included but not limited to: NJ Ex Order 26.4(b)(1) [redacted]), NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1)), and NJ Ex Order 26.4(b)(1) [redacted] The Minimum Data Set (MDS), an assessment on NJ Ex Order 26.4(b)(1), indicated that Resident #2 had a Brief Interview for Mental Status (BIMS) score of NJ E out of 15, which indicated that the Resident's NJ Exec Order 26 was NJ Ex Orde According to statement written by the Licensed Practical Nurse (LPN #1) indicated, that at approximately at 7:30pm, the resident's family who was visiting with the resident, came to the nursing station and told LPN #1 that the resident 'NJ Ex Order 26.4(b)(1)." According to the progress note (PN) written by LPN #1, dated NJ Ex Order 26.4 at 2220 (10:20PM), LPN #1 notified the U.S. FOIA (b) (6) of the family's report and the supervisor assessed the resident, and obtained vitals as follows: NJ Ex Order 26.4(b)(1) [redacted]. The PN stated that the Medical Doctor was notified. LPN #1 documented in the PN that the resident's family insisted to send the resident to the hospital. The PN stated that 'NJ Exec was called, all resident information was given to them, resident was taken to the Hospital." On 1/27/26, the Surveyor reviewed Resident #2's Progress Note (PN), and there was no documentation in Resident #2's medical record regarding the U.S. FOIA (b) (6) [redacted]) assessment findings and how she addressed the resident's NJ Ex Order 26.4(b)(1). There was no documentation regarding the time a physician was notified and what the physician ordered for her to do about the NJ Ex Order 26.4(b)(1). On 1/27/2026, the surveyor reviewed a document titled: NJ Ex Order 26. and Vital Summary (a report of vital	F0684	Continued from page 1 deficient practice: • All residents who are experiencing a change in condition, elevated blood glucose levels, or hospital transfer have the potential to be affected by the deficient practice. • On 1/27/2026, an audit was initiated by the Director of Nursing/Designee of all hospital transfers within the last 30 days (27 transfers) to ensure proper assessment, physician notification, intervention implementation, and documentation. What measures will be put in place to ensure that deficient practice will not occur: • On 1/27/2026, re-education was initiated for Licensed Nurses and Nurse Supervisors on by the Director of Nursing on the facility policy for "Documentation in Medical Record", with an emphasis on Supervisor assessment documentation, physician notification timing, intervention documentation, and reassessment requirements. Monitoring of measures or systemic changes to ensure deficiencies will not recur: • The Director of Nursing/Designee will conduct audits of 5 random residents weekly to ensure proper change in condition documentation, supervisor assessments are completed, physicians have been notified, documentation of interventions and vital signs are present, and transfer documentation was completed. • Audits will be completed weekly x 4 weeks then monthly x 2 weeks. • Results of audits will be reviewed with the Quality Assurance and Assessment Committee at the Monthly Quality Assurance Meeting through September 2026 and Quarterly Quality Assurance and Performance Improvement Meetings through October 2026 to ensure compliance and reassessed for further action.	

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F0684 SS = D	Continued from page 2 signs taken) with an effective date range of NJ Ex Order 26.4(b) – NJ Ex Order 26.4(b) which revealed the following: A review of Resident #2's NJ Ex Order 26. and Vital Summary under NJ Ex Order 26.4(b)(1) Summary revealed that on NJ Ex Order 26.4 at 19:54, the resident's NJ Ex Order 26.4(b)(1) . The surveyor noted that the resident had a standing order for NJ Ex Order 26.4(b)(1) using NJ Exec Order 26.4b1 NJ Ex Order 26.4(b)(1) every 6 hours for NJ Ex Order 26.4(b with an Order date of NJ Ex Order 26.4(b)(1) and D/C (Discontinued) date of NJ Ex Order 26.4(b)(1) There was no evidence that staff administered the NJ Ex Order according to the NJ Exec Order 26.4b1 order for the resident's NJ Ex Orde A review of Resident #2's NJ Ex Order 26. and Vital Summary under Temperature Summary revealed the last reading was done on NJ Ex Order 26.4(b)(1 at 11:30 AM on the 7:00 AM-3:00 PM shift, and it was NJ Ex Order 26.4(b)(1) ; there was no record of another NJ Ex Order 26.4(b)(1) reading that was completed on the report after the resident's family voiced concern to staff. A review of Resident #2's NJ Ex Order 26. and Vital Summary under Respiration Summary for NJ Ex Order 26.4(b)(1 revealed that the NJ Ex Order 26.4(b)(1) was taken at 11:30 AM on the 7:00 AM-3:00 PM shift, for NJ Ex Order 26.4(b)(1); there was no record of another NJ Ex Order 26.4(b) that was completed on the report after the resident's family voiced concern. A review of Resident #2's NJ Ex Order 26. and Vital Summary under NJ Ex Orde Summary revealed that the last NJ Ex Orde reading was or NJ Ex Order 26.4(b)(1 at 11:30 AM on the 7:00 AM-3:00 PM shift, for NJ Ex Order 26.4(b)(1) ; there was no record of another NJ Ex Orde reading that was completed on the report after the resident's family voiced concern. A review of Resident #2's Weights and Vital Summary under NJ Ex Order 26.4(b)(1)) revealed that the last NJ Ex Order 26.4(b)(1 was taken on NJ Ex Order 26.4(b)(1) at 11:30 AM on the 7:00 AM-3:00 PM shift, and it was NJ Ex Order 26.4(b)(1) there was no record of another NJ Ex Order 26.4(b) completed on the report after the resident's family voiced concern. A review of Resident #2's NJ Ex Order 26. and Vital Summary under NJ Ex Order 26.4(b)(1) Summary revealed that on NJ Ex Order 26.4(b)(1) at 18:30 (6:30 PM), the resident's NJ Ex Order there was no record of another NJ Ex Order 26.4(b)(1) reading that was completed on the report after the resident's family voiced concern.	F0684		

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F0684 SS = D	Continued from page 3 During a telephone interview with the surveyor on NJ Ex Order 26.4(b)(1) at 2:43 PM, the Licensed Practical Nurse (LPN #1), stated, "I do not remember if any interventions were done prior to the Emergency Medical Services (EMS) arrival." During interview with the surveyor on NJ Ex Order 26.4(b)(1) at 5:29 PM, The U.S. FOIA (b) (6)) stated that on NJ Ex Order 26.4(b)(1), the nurse called her stating that Resident #2's 's family insisted to send the resident to the hospital. The U.S. FOIA stated that she went to the resident's room and that LPN #1 checked the vital signs while she checked the resident's NJ Ex Order 26.4(b)(1) and that the resident's NJ Ex Order 26.4(b)(1) was diminished and that the resident looked NJ Ex O The U.S. FOIA stated that she could not remember details. When the surveyor asked the U.S. FOIA where the assessment was documented, she stated that she did not document the assessment, and that she should have documented the assessment so that staff could see the resident's NJ Exec Order 26.4b1. During interview with the surveyor on 10/28/2025 at 5:51 PM, the surveyor asked the U.S. FOIA (b) (6)) what the expectation of the U.S. FOIA assessment and documentation was, and she stated that the expectation was that if the supervisor did an assessment, it should have been documented especially if the resident was going out to the hospital. The U.S. FOIA stated that it was important for the supervisor to document so that it was noted that a U.S. FOIA (b) (6) did an assessment, that the doctor and family were made aware, and that she needed to know as well. A review of the U.S. FOIA (b) (6) Job Description under "Specific Job function" under "Charting and Documentation duties" included the following: "Documents accurately in resident chart any significant changes in care & services" "Is responsible for accurate observation, evaluation, and reporting of residents' symptoms, sudden change in ……change in conditions and progress to physician ……" A review of the facility's policy "Documentation in Medical Record," with date implemented on 10/1/2024 and date reviewed and revised on 1/26/26, revealed under "Policy": "Each resident's medical record shall contain an accurate representation of the actual experiences of	F0684		

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F0684 SS = D	Continued from page 4 the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation." Under "Policy Explanation and Compliance Guidelines: 1. "Licensed staff …… shall document all assessments, observations, and services provided in the resident's medical record in accordance with state law and facility policy. 2. Documentation shall be completed at the time of service, but no later than the shift in which the assessment, observation, or care service occurred. 4. Principles of documentation include ……. a. Documentation shall be factual, objective, and resident centered. i. False information shall not be documented. ii. Record descriptive and objective information based on first-hand knowledge of the assessment, observation, or service provided. NJAC 8:39-27.1(a)	F0684		

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S0000	Initial Comments Complaint #: 2698562 Census: 181 Sample Size: 4 The facility was not in compliance with the standards in the New Jersey Administrative code, 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		02/13/2026
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: Complaint #: 2698562 Based on interviews and review of facility documents on 01/27/2026, it was determined that the facility failed to ensure staffing ratios were met for 14 of 21-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112,	S0560	Immediate corrective action for residents affected by deficient practice: The facility continues to actively fill all open CNA (Certified Nursing Assistant) shifts to comply with New Jersey State mandated ratios. Minimum staffing requirements were reviewed with the Human Resource Director and Staffing Coordinator, who were both able to reiterate minimum staffing requirements for nursing homes. Identify those individuals who could be affected by the deficient practice: All residents have the potential to be affected by the deficient practice. Measures put in place to ensure the deficient practice will not occur for those residents affected: Measures put in place to ensure the deficient practice will not occur for those residents affected: The facility will continue to focus recruitment and retention strategies as follows: identify vacant positions daily and attempt to fill	02/13/2026

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S0560	Continued from page 1 codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. For the 1 week of staffing from 10/26/25 to 11/01/26, the facility was deficient in CNA staffing for 5 of 7 day shifts as follows: On 10/26/25 had 19 CNAs for 165 residents on the day shift, required at least 21 CNAs. On 10/27/25 had 18 CNAs for 165 residents on the day shift, required at least 21 CNAs. On 10/30/25 had 18 CNAs for 163 residents on the day shift, required at least 20 CNAs. On 10/31/25 had 19 CNAs for 163 residents on the day shift, required at least 20 CNAs. On 11/1/26 had 16 CNAs for 163 residents on the day shift, required at least 20 CNAs. For the 2 weeks of complaint staffing from 1/11/2026-1/24/2026, the facility was deficient in CNA staffing for 9 of 14 day shifts as follows: On 1/11/26 had 18 CNAs for 178 residents on the day shift, required at least 22 CNAs. On 1/12/26 had 17 CNAs for 178 residents on the day shift, required at least 22 CNAs. On 1/13/26 had 20 CNAs for 178 residents on the day shift, required at least 22 CNAs. On 1/14/26 had 21 CNAs for 178 residents on the day shift, required at least 22 CNAs.	S0560	Continued from page 1 positions with current CNA staff or agency. The Administrator and Director of Nursing will work diligently with Corporate Recruiters to advertise, recruit and hire sufficient CNA staff. Administrator to continue work with Human Resources and Staffing Manager to offer shift bonuses and flexible work schedules. Administrator and Human Resources will continue to focus on recruitment and employer sponsorship of qualified candidates for enrollment is a Certified Nursing Assistant Training and Competency program. " Administrator and Human Resources will continue to develop an employee retention program designed to engage employees, promote a positive work environment and enhance job satisfaction. The Administrator will educate the Staffing Coordinator on the process to project staffing needs based on facility census fluctuations to meet mandated ratios. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: Administrator/Designee to audit the effectiveness of hiring strategies to include open CNA and Licensed Nurse positions vs. new hires, reporting on successful strategies-to-hire based on percentages, and turnover rates. The duration of all audits will consist of completion 1x weekly x4 weeks then continue 1x weekly x2 months. Results of audits will be reviewed at the Monthly Quality Assurance Meeting and Quarterly over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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S0560	Continued from page 2 On 1/15/26 had 19 CNAs for 179 residents on the day shift, required at least 22 CNAs. On 1/16/26 had 21 CNAs for 1179 residents on the day shift, required at least 22 CNAs. On 1/17/26 had 18 CNAs for 179 residents on the day shift, required at least 22 CNAs. On 1/18/26 had 19 CNAs for 184 residents on the day shift, required at least 23 CNAs. On 1/19/26 had 20 CNAs for 181 residents on the day shift, required at least 23 CNAs.	S0560		

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F0000	INITIAL COMMENTS A desk review of the facility's plan of corrects was conducted on2/26/26in relation to 1/27/26 complaint survey. The facility was found to be in compliance with 42 CFR part 483, Requirements for long term Care Facilities.	F0000		02/13/2026

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.

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New Jersey State Department of Health

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S0000	Initial Comments A revisit/desk review of the facility's plan of corrects was conducted on 2/26/26 in relation to xxx complaint survey. The facility was found to be in compliance with the state of New Jersey Administrative code, Chapter 8:39, standards for long term Care Facilities.	S0000		02/13/2026

Office of Primary Care and Health Systems Management

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