STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315330	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT MARCELLA, LLC	**2305 RANCOCAS 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 Survey: Complaint Intake ID #: 2589039 Survey Date: 10/31/25 Census: 144 Sample Size: 3 The NJDOH conducted a Complaint survey on 10/31/25. The survey was officially completed on 10/31/25. A Complaint Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The facility was in compliance, and no deficiencies were cited for this survey.	F0000		11/19/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060315	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/18/2025

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S0000	Initial Comments Intake ID #: 2589039 The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long-Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations	S0000		11/19/2025
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Intake ID #: 2589039 Based on interview and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios, as mandated by the State of New Jersey. The facility was deficient in Certified Nursing Assistant (CNA) staffing for residents on 25 of 28 dayshifts reviewed. This deficient practice was evidenced by the following: For the 4 weeks of AAS-11 staffing, the facility was deficient as follows: For the 2 weeks of Complaint staffing from 08/03/2025 to 08/16/2025, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows: -08/03/25 had 15 CNAs for 143 residents on the day shift, required at least 18 CNAs.	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: No residents were affected. 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: The facility will continue to focus recruitment and retention strategies as follows: identify vacant positions daily and attempt to fill positions with current CNA staff or agency. The Administrator and Director of Nursing will work diligently with Corporate Recruiters to advertise,	12/10/2025

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S0560	Continued from page 1 -08/04/25 had 16 CNAs for 142 residents on the day shift, required at least 18 CNAs. -08/05/25 had 17 CNAs for 142 residents on the day shift, required at least 18 CNAs. -08/06/25 had 17 CNAs for 142 residents on the day shift, required at least 18 CNAs. -08/07/25 had 17 CNAs for 141 residents on the day shift, required at least 18 CNAs. -08/08/25 had 16 CNAs for 141 residents on the day shift, required at least 18 CNAs. -08/10/25 had 14 CNAs for 137 residents on the day shift, required at least 17 CNAs. -08/11/25 had 16 CNAs for 135 residents on the day shift, required at least 17 CNAs. -08/12/25 had 16 CNAs for 134 residents on the day shift, required at least 17 CNAs. -08/13/25 had 15 CNAs for 134 residents on the day shift, required at least 17 CNAs. -08/14/25 had 16 CNAs for 134 residents on the day shift, required at least 17 CNAs. -08/15/25 had 15 CNAs for 134 residents on the day shift, required at least 17 CNAs. -08/16/25 had 16 CNAs for 138 residents on the day shift, required at least 17 CNAs. For the 2 weeks of Complaint staffing from 10/12/2025 to10/25/2025, the facility was deficient in CNA staffing for residents on 12 of 14 day shifts as follows: -10/12/25 had 16 CNAs for 142 residents on the day shift, required at least 18 CNAs. -10/13/25 had 16 CNAs for 142 residents on the day shift, required at least 18 CNAs. -10/14/25 had 17 CNAs for 141 residents on the day shift, required at least 18 CNAs. -10/15/25 had 16 CNAs for 140 residents on the day shift, required at least 17 CNAs.	S0560	Continued from page 1 recruit and hire sufficient CNA staff. Administrator to continue work with Human Resources and Staffing Manger 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 educated the Staffing Coordinator on 11/4 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: Administrator/Designee to audit the effectiveness of hiring strategies to include open CNA 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 -10/16/25 had 16 CNAs for 140 residents on the day shift, required at least 17 CNAs. -10/17/25 had 16 CNAs for 140 residents on the day shift, required at least 17 CNAs. -10/19/25 had 16 CNAs for 141 residents on the day shift, required at least 18 CNAs. -10/20/25 had 16 CNAs for 140 residents on the day shift, required at least 17 CNAs. -10/22/25 had 16 CNAs for 137 residents on the day shift, required at least 17 CNAs. -10/23/25 had 16 CNAs for 137 residents on the day shift, required at least 17 CNAs. -10/24/25 had 16 CNAs for 137 residents on the day shift, required at least 17 CNAs. -10/25/25 had 15 CNAs for 137 residents on the day shift, required at least 17 CNAs. A review of the facility's "Staffing" policy, implemented 10/15/25, included: ...The facility meets or exceeds the staffing levels mandated by state and federal staffing requirements. Staffing levels are reviewed on an ongoing basis by Facility staff to evaluate compliance and provide appropriate levels of care by qualified employees....	S0560		

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/12/2025 in relation to the 10/31/2025 Recertification survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		

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New Jersey State Department of Health

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/12/2025 in relation to the 10/31/2025 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

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