

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

PRINTED: 03/27/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315330</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/21/2025</b>	
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT MARCELLA, LLC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>2305 RANOCAS ROAD</b> <b>BURLINGTON, NJ 08016</b>			
(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
F 000	INITIAL COMMENTS  COMPLAINT #: NJ00180123  CENSUS: 143  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.			F 000			
F 842 SS=E	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized  §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the			F 842			2/21/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/13/2025

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 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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F 842	<p>Continued From page 1</p> <p>records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(h)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(h)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p>	F 842			

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F 842	<p>Continued From page 2</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00180123</p> <p>Based on interviews, medical record review, and review of other pertinent facility documents on 1/21/2025 it was determined that the facility staff failed to consistently document in the "Documentation Survey Report" (DSR) the Activities of Daily Living (ADL) status and care provided to the residents and to follow the Certified Nursing Assistant (CNA) job description and follow its policy titled "Activities of Daily Living (ADLs)." This deficient practice was identified for 4 of 4 residents (Resident #1, Resident #2, Resident #3, and Resident #4) reviewed for ADL documentation. This deficient practice was evidenced by the following:</p> <p>1. According to the Admission Record (AR), Resident #1 was admitted to the facility with diagnoses that included but were not limited to: NJ Ex Order 26.4b1 [REDACTED]</p> <p>A review of Resident #1's Minimum Data Set (MDS), an assessment tool, revealed a Brief Interview of Mental Status (BIMS) score of [REDACTED] out of 15, which indicated that the resident's cognition was NJ Ex Order 26.4b1. The MDS</p>	F 842	<p>The facility staff failed to consistently document the Activities of Daily Living (ADL) status and care provided to the residents and follow the Certified Nursing Assistant (CNA) job description and follow its policy titled Activities of Daily Living (ADLs). This deficient practice was identified for 4-of-4 residents (#1 #2 #3 #4) reviewed for Activities of Daily Living (ADL) Documentation.</p> <p>Immediate corrective action for residents affected by deficient practice:</p> <p>Residents #1, #2, #3 and #4 were assessed by the Director of Nursing with NJ Ex Order 26.4b1 from missed documentation.</p> <p>Identify those individuals who could be affected by the deficient practice:</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>What measures will be put in place to ensure that deficient practice will not occur for those residents affected:</p> <p>On 1/21/2025, the Educator initiated immediate in-servicing and started re-education for Certified Nursing Assistants (CNA) regarding the facility's Activities of Daily Living (ADL) policy, documentation guidelines, and</p>		

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F 842	<p>Continued From page 3</p> <p>further revealed that the resident was <sup>NJ Ex Order 26.4b1</sup> on a helper t <sup>NJ Ex Order 26.4b1</sup>.</p> <p>A review of Resident #1's Care Plan (CP) initiated on <sup>NJ Ex Order 26.4b1</sup> revealed a "Focus" that the resident had an ADL self-care <sup>NJ Ex Order 26.4b1</sup> related to activity <sup>NJ Ex Order 26.4b1</sup>. The CP revealed that Resident #1 had <sup>NJ Ex Order 26.4b1</sup> related to <sup>NJ Ex Order 26.4b1</sup>. The CP also revealed that Resident #1 had a history of <sup>NJ Ex Order 26.4b1</sup> and met the criteria for <sup>NJ Ex Order 26.4b1</sup>.</p> <p>A review of Resident #1's DSR (ADL Record) and the progress notes (PNs) for the month of <sup>NJ Ex Order 26.4b1</sup> revealed no documented evidence to indicate that the resident's ADL care was provided, or that the resident refused care on the following dates and shifts:</p> <p>Eating: 7:00 AM- 3:00 PM shift on: <sup>NJ Ex Order 26.4b1</sup></p> <p>3:00 PM - 11:00 PM shift on: <sup>NJ Ex Order 26.4b1</sup></p> <p>Meal intake: 7:00 AM - 3:00 PM shift on: <sup>NJ Ex Order 26.4b1</sup></p>	F 842	<p>importance of complete and accurate documentation in the resident's medical record.</p> <p>Monitoring of measures or systemic changes to ensure that the deficiencies will not recur:</p> <p>The Director of Nursing/Designee will conduct audits on each Certified Nursing Assistant (CNA) assignment to ensure Activities of Daily Living (ADL) documentation is complete. Audits will be completed 1x daily x4 weeks then three times a week for 2 months.</p> <p>Results of audits will be reviewed at the Monthly Quality Assurance Meeting and Quarterly Meetings over the duration of the audit process to ensure compliance and reassessed for further action.</p>		

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F 842	<p>Continued From page 4</p> <p>3:00 PM - 11:00 PM shift on: NJ Ex Order 26.4b1 [REDACTED]</p> <p>Turned and repositioned: 7:00 AM-3:00 PM shift on: NJ Ex Order 26.4b1 [REDACTED]</p> <p>3:00 PM-11:00 PM shift on: NJ Ex Order 26.4b1 [REDACTED]</p> <p>11:00 PM- 7:00 AM shift on: NJ Ex Order 26.4b1 [REDACTED]</p> <p>Personal hygiene: 7:00 AM to 3:00 PM shift on: NJ Ex Order 26.4b1 [REDACTED]</p> <p>3:00 PM to 11:00 PM shift on: NJ Ex Order 26.4b1 [REDACTED]</p> <p>2. According to the AR, Resident #2 was admitted to the facility with diagnoses which included but were not limited to NJ Ex Order 26.4b1 [REDACTED]</p>	F 842			



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F 842	<p>Continued From page 5</p> <p>A review of Resident #2's MDS revealed a BIMS [REDACTED] out of 15 which indicated the resident's cognition was [REDACTED] NJ Ex Order 26.4b1. The MDS further revealed that the resident required [REDACTED] NJ Ex Order 26.4b1. The MDS also revealed that the resident required [REDACTED] NJ Ex Order 26.4b1 with [REDACTED] NJ Ex Order 26.4b1.</p> <p>A review of Resident #2's CP initiated on [REDACTED] NJ Ex Order 26.4b1 and revised on [REDACTED] NJ Ex Order 26.4b1 revealed under "Focus," that the resident met the criteria for [REDACTED] NJ Ex Order 26.4b1 and had a history of [REDACTED] NJ Ex Order 26.4b1. CP interventions included, "monitor [REDACTED] NJ Ex Order 26.4b1 [as needed]." Further review of the CP revealed a "Focus," of potential/actual [REDACTED] NJ Ex Order 26.4b1 initiated on [REDACTED] NJ Ex Order 26.4b1. Interventions included "Encourage [REDACTED] NJ Ex Order 26.4b1 in order to [REDACTED] NJ Ex Order 26.4b1."</p> <p>A review of Resident #2's DSR and PN's for the month of [REDACTED] NJ Ex Order 26.4b1 revealed no documented evidence to indicate that the resident's meal intake or refusal of meals was monitored at the following mealtimes:</p> <p>8:00 AM on: [REDACTED] NJ Ex Order 26.4b1 [REDACTED]</p> <p>12:00 PM on: [REDACTED] NJ Ex Order 26.4b1 [REDACTED]</p>	F 842			

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F 842	<p>Continued From page 6</p> <p>5:00 PM on NJ Ex Order 26.4b1</p> <p>[REDACTED]</p> <p>3. According to the AR, Resident #3 was admitted to the facility with diagnoses that included but were not limited to NJ Ex Order 26.4b1</p> <p>[REDACTED]</p> <p>A review of Resident #3's MDS revealed a BIMS of NJ Ex Order 26.4b1 of 15 which indicated the resident's cognition was NJ Ex Order 26.4b1. The MDS further revealed that Resident #3 was NJ Ex Order 26.4b1 for NJ Ex Order 26.4b1.</p> <p>A review of Resident #3's CP initiated on NJ Ex Order 26.4b1 revealed that the resident had an ADL self-care NJ Ex Order 26.4b1 and required assistance with NJ Ex Order 26.4b1. Resident #3's CP contained a "Focus" related to Resident #3's NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 initiated on NJ Ex Order 26.4b1. Interventions included "Explain importance of NJ Ex Order 26.4b1 to the resident and the need for adequate NJ Ex Order 26.4b1," initiated on NJ Ex Order 26.4b1. Resident #3's CP included a "Focus" related to the resident's potential for NJ Ex Order 26.4b1 due to NJ Ex Order 26.4b1 initiated on NJ Ex Order 26.4b1. Interventions included "Notify Physician if [ ...] persistent NJ Ex Order 26.4b1 past 48 hours," initiated on NJ Ex Order 26.4b1. Resident #3's CP contained a "Focus" that the resident met the criteria for NJ Ex Order 26.4b1</p>	F 842			

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F 842	<p>Continued From page 7</p> <p>and had a history of NJ Ex Order 26.4b1 [REDACTED], initiated on NJ Ex Order 26.4b1 [REDACTED] and revised on NJ Ex Order 26.4b1 [REDACTED]. Interventions included assistance with [REDACTED] PRN, monitor for signs of NJ Ex Order 26.4b1 [REDACTED], and provide [REDACTED] as ordered. Further review of Resident #3's CP revealed a "Focus" of NJ Ex Order 26.4b1 [REDACTED] initiated on NJ Ex Order 26.4b1 [REDACTED] and updated to reflect the presence of NJ Ex Order 26.4b1 [REDACTED] on NJ Ex Order 26.4b1 [REDACTED]. Interventions included "Encourage NJ Ex Order 26.4b1 [REDACTED] in order to promote NJ Ex Order 26.4b1 [REDACTED]."</p> <p>A review of Resident #3's DSR and PNs for the month of NJ Ex Order 26.4b1 [REDACTED] revealed no documented evidence to indicate that the resident's meal intake and or refusal of meals were monitored at the following mealtimes:</p> <p>8:00 AM on: NJ Ex Order 26.4b1 [REDACTED]</p> <p>12:00 PM on: NJ Ex Order 26.4b1 [REDACTED]</p> <p>5:00 PM on: NJ Ex Order 26.4b1 [REDACTED]</p> <p>A review of Resident #3's DSR and PNs for the month of NJ Ex Order 26.4b1 [REDACTED] revealed no documentation to indicate that the resident's ADL care was provided or that the resident refused care on the following dates and shifts:</p> <p>Eating: 7:00 AM to 3:00 PM on: NJ Ex Order 26.4b1 [REDACTED]</p>	F 842			



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F 842	Continued From page 8 NJ Ex Order 26.4b1 [REDACTED]  3:00 to 11:00 PM on: NJ Ex Order 26.4b1 [REDACTED]  Personal hygiene: NJ Ex Order 26.4b1 [REDACTED]  3:00 PM to 11:00 PM on: NJ Ex Order 26.4b1 [REDACTED]  11:00 PM to 7:00 AM on: NJ Ex Order 26.4b1 [REDACTED]  Turned and repositioned: 7:00 AM to 3:00 PM shift on: NJ Ex Order 26.4b1 [REDACTED]  3:00 PM to 11:00 PM shift on: NJ Ex Order 26.4b1 [REDACTED]  11:00 PM to 7:00 AM on: NJ Ex Order 26.4b1 [REDACTED]	F 842			

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F 842	<p>Continued From page 9</p> <p>NJ Ex Order 26.4b1</p> <p>4. According to the AR, Resident #4 was admitted to the facility with diagnoses that included but were not limited to NJ Ex Order 26.4b1</p> <p>[REDACTED]</p> <p>A review of Resident #4's MDS revealed a BIMS of NJ Ex Order 26.4b1 of 15 which indicated the resident's cognition was NJ Ex Order 26.4b1. The MDS revealed that Resident #4 required NJ Ex Order 26.4b1</p> <p>The MDS revealed that the resident required NJ Ex Order 26.4b1</p> <p>The MDS further revealed that Resident #4 required NJ Ex Order 26.4b1</p> <p>[REDACTED]</p> <p>A review of Resident #4's CP initiated on NJ Ex Order 26.4b1 revealed a "Focus" that the resident had self-care NJ Ex Order 26.4b1 related to NJ Ex Order 26.4b1</p> <p>Interventions included: assistance of NJ Ex Order 26.4b1, and one or two NJ Ex Order 26.4b1. The CP further revealed that Resident #4 required the assistance of one or two staff to NJ Ex Order 26.4b1</p> <p>[REDACTED]</p> <p>A review of Resident #4's DSR and PNs for the month of NJ Ex Order 26.4b1 revealed no documented evidence to indicate that the resident's ADL care was provided or that the resident refused care on the following dates and shifts:</p>	F 842			

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F 842	<p>Continued From page 10</p> <p>Personal hygiene: 7:00 AM to 3:00 PM shift on: NJ Ex Order 26.4b1 [REDACTED].</p> <p>3:00 PM to 11:00 PM shift on: NJ Ex Order 26.4b1 [REDACTED].</p> <p>Toileting Hygiene: 7:00 AM to 3:00 PM shift on: NJ Ex Order 26.4b1 [REDACTED].</p> <p>3:00 PM to 11:00 PM shift on: NJ Ex Order 26.4b1 [REDACTED].</p> <p>11:00 PM to 7:00 AM shift on: NJ Ex Order 26.4b1 [REDACTED].</p> <p>Chair/bed-to-chair transfer: 7:00 AM to 3:00 PM shift on: NJ Ex Order 26.4b1 [REDACTED].</p> <p>3:00 PM to 11:00 PM shift on: NJ Ex Order 26.4b1 [REDACTED].</p> <p>11:00 PM to 7:00 AM shift on: NJ Ex Order 26.4b1 [REDACTED].</p>	F 842			

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

PRINTED: 03/27/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315330</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/21/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT MARCELLA, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2305 RANOCAS ROAD</b> <b>BURLINGTON, NJ 08016</b>		
(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	
F 842	<p>Continued From page 11</p> <p>During an interview with the surveyor on 01/21/2025 at 1:55 PM, the [US FOIA (b)] stated that care provided, including the assistance residents required to eat and the percentage of meals eaten were documented on the residents' ADL sheets. The [US FOIA (b)] further stated that residents who stayed in bed were turned and positioned every two hours.</p> <p>During an interview with the surveyor on 01/21/2025 at 4:34 PM, the [US FOIA (b)(6)] stated that turning and positioning were standard care for residents who lacked bed mobility. The [US FOIA (b)] stated that turning and positioning was expected to occur every two hours and that CNAs and any staff could do position changes.</p> <p>During the same interview the [US FOIA (b)] stated that documentation was important in order to have a record of the care that was provided to residents. The [US FOIA (b)] stated that documentation was a way for staff to take accountability for their actions. The [US FOIA (b)] confirmed the presence of blank spaces on Resident #3's DSR. The [US FOIA (b)] stated that CNAs were responsible for completing ADL documentation in "POC," (a computer system which enables CNAs to document ALDs). The [US FOIA (b)] further stated that documentation expectations was a part of the orientation that the facility provided to all employees.</p> <p>Review of the facility policy, "Activities of Daily Living (ADLs)," with a "Date Implemented," of 9/1/2024, revealed, "Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming, and oral care; 2. Transfer and ambulation; 3. Toileting; 4. Eating to include meals and snacks." Further review of this</p>	F 842			

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NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT MARCELLA, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2305 RANOCAS ROAD</b> <b>BURLINGTON, NJ 08016</b>		
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F 842	<p>Continued From page 12</p> <p>policy revealed, "A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene."</p> <p>Review of the facility's undated job description document for the position "Certified Nurse Assistant" revealed that the following under "Major Duties and Responsibilities," "Assists residents with or performs activities of daily living for resident in accordance with care plans and established policies and procedures." This section of the CNA job description document further revealed, "Completes flow sheets daily to indicate that the specified task was done."</p> <p>NJAC 8:39-35.2 (f)</p>	F 842			



New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060315</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/21/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT MARCELLA, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2305 RANOCAS ROAD</b> <b>BURLINGTON, NJ 08016</b>		
(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) COMPLETE DATE
S 000	Initial Comments  COMPLAINT #: NJ00180123  CENSUS: 143  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.	S 000			
S 560	8:39-5.1(a) Mandatory Access to Care  The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.  This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00180123  Based on interviews and review of facility documents on 01/21/2025, it was determined that the facility failed to ensure staffing ratios were met for three of 14-day shifts reviewed. This deficient practice had the potential to affect all residents.	S 560	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		2/21/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/13/25

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060315</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/21/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT MARCELLA, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2305 RANOCAS ROAD BURLINGTON, NJ 08016</b>		
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S 560	<p>Continued From page 1</p> <p>Findings include:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified 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:</p> <p>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.</p> <p>For the 2 weeks of staffing prior to complaint survey from 01/05/2025 to 01/18/2025, the facility was deficient in CNA staffing for residents on three of 14 day shifts as follows:</p> <p>On 01/12/25 had 16 CNAs for 142 residents on the day shift, required at least 18 CNAs.</p> <p>On 01/17/25 had 17 CNAs for 142 residents on the day shift, required at least 18 CNAs.</p> <p>On 01/18/25 had 17 CNAs for 141 residents on the day shift, required at least 18 CNAs.</p>	S 560	<p>Coordinator, who were both able to reiterate minimum staffing requirements for nursing homes.</p> <p>Identify those individuals who could be affected by the deficient practice:</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>No adverse effects of the deficient practices were noted for any of the residents.</p> <p>Measures put in place to ensure the deficient practice will not occur for those residents affected:</p> <p>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.</p> <p>The Administrator and Director of Nursing will work diligently with Corporate Recruiters to advertise, recruit and hire sufficient CNA staff.</p> <p>Administrator to continue work with Human Resources and Staffing Manager to offer shift bonuses and flexible work schedules.</p> <p>Administrator and Human Resources will continue to focus on recruitment and employer sponsorship of qualified candidates for enrollment in a Certified Nursing Assistant Training and Competency program.</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060315</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/21/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT MARCELLA, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2305 RANOCAS ROAD</b> <b>BURLINGTON, NJ 08016</b>		
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S 560	Continued From page 2	S 560	<p>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.</p> <p>Monitoring of measures or systemic changes to ensure that the deficiencies will not recur:</p> <p>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.</p> <p>The duration of all audits will consist of completion 1x weekly x4 weeks then continue 1x weekly x2 months.</p> <p>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.</p>	

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315330	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/28/2025
NAME OF FACILITY COMPLETE CARE AT MARCELLA, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2305 RANCOCAS ROAD BURLINGTON, NJ 08016	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0842	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.20(f)(5), 483.70(h)(1)-(5)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	02/21/2025	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 1/21/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060315	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/28/2025
NAME OF FACILITY COMPLETE CARE AT MARCELLA, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2305 RANOCAS ROAD BURLINGTON, NJ 08016	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	02/21/2025	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 1/21/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			