

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

PRINTED: 01/19/2023  
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>11/18/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT MARCELLA, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2305 RANCOCAS 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  Complaints #: NJ150423, NJ152064, NJ151042, NJ153516, NJ153724, NJ153952, NJ153925, NJ155583, and NJ156394 Census: 121 Sample Size: 13  The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000			
F 576 SS=D	Survey date: 11/17/2022 to 11/18/2022 Right to Forms of Communication w/ Privacy CFR(s): 483.10(g)(6)-(9)  §483.10(g)(6) The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident's own expense.  §483.10(g)(7) The facility must protect and facilitate that resident's right to communicate with individuals and entities within and external to the facility, including reasonable access to: (i) A telephone, including TTY and TDD services; (ii) The internet, to the extent available to the facility; and (iii) Stationery, postage, writing implements and the ability to send mail.  §483.10(g)(8) The resident has the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the resident through a means other than a postal	F 576		1/10/23	

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

TITLE

(X6) DATE

Electronically Signed

12/30/2022

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 576	<p>Continued From page 1 service, including the right to:</p> <p>(i) Privacy of such communications consistent with this section; and</p> <p>(ii) Access to stationery, postage, and writing implements at the resident's own expense.</p> <p>§483.10(g)(9) The resident has the right to have reasonable access to and privacy in their use of electronic communications such as email and video communications and for internet research.</p> <p>(i) If the access is available to the facility</p> <p>(ii) At the resident's expense, if any additional expense is incurred by the facility to provide such access to the resident.</p> <p>(iii) Such use must comply with State and Federal law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Complaint: #NJ155583 and #NJ156394</p> <p>Based on record review, interviews, and facility policy review, the facility failed to ensure mail was delivered unopened to protect a resident's right to private communications for 1 (Resident #8) of 3 sampled residents who received mail at the facility.</p> <p>Findings included:</p> <p>A review of an "Admission Record" revealed the facility admitted Resident #8 on [REDACTED] with diagnoses that included [REDACTED]</p>	F 576	<p><b>CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</b></p> <p>The facility will ensure that all residents will have reasonable access to forms of Communication w/Privacy. The Mail was delivered to the resident right away.</p> <p><b>IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</b></p> <p>All residents have the potential to be affected by this situation.</p> <p><b>SYSTEMIC CHANGES TO ENSURE</b></p>	

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F 576	<p>Continued From page 2</p> <p>A review of a quarterly Minimum Data Set (MDS), dated [REDACTED], revealed Resident #8 had a Brief Interview for Mental Status (BIMS) score of [REDACTED] indicating the resident was [REDACTED]. The MDS indicated the resident required [REDACTED].</p> <p>Review of a facility investigation revealed on 07/01/2022, the facility completed an investigation indicating Resident #8's mail was accidentally opened due to improper labeling of mail and unintentional opening due to being in the wrong stack of mail.</p> <p>During an interview on 11/17/2022 at 11:32 AM, Resident #8 reported that during the beginning of the year 2022, the resident's mail was delivered opened more than once.</p> <p>During an interview on 11/18/2022 at 9:24 AM, the Office Manager (OM) stated she was responsible for opening the facility's mail but not mail addressed to residents. She reported in July of 2022, she accidentally opened Resident #8's mail. She stated she was in the process of opening the facility's mail, and Resident #8's mail was mixed up in the facility's pile of mail. She reported she apologized to the resident, and she was in-serviced regarding providing residents' mail unopened.</p> <p>During an interview on 11/18/2022 at 9:56 AM, the Admission Coordinator (AC) indicated she was working on a weekend as the receptionist and offered to help with opening the facility's mail. She reported she accidentally opened Resident #8's mail. The AC indicated she was in-serviced regarding a resident's right to receive</p>	F 576	<p>THAT THE DEFICIENT PRACTICE DOES NOT RECUR</p> <p>In serviced and educated staff regarding not opening resident's mail. Business office Manager will check the mail to ensure no residents mail is being opened</p> <p>MONITORING OF CORRECTIVE ACTIONS</p> <p>Activity Director or designee will audit 3 residents mail weekly for 4 weeks and then Monthly x 3 months Findings will be presented to the QA committee and incorporated into the Monthly QAPI Program</p>		

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F 576	<p>Continued From page 3</p> <p>mail unopened. She indicated that since her in-service, she had not opened any resident's mail.</p> <p>During an interview with the Administrator on 11/18/2022 at 10:49 AM, he indicated Resident #8's mail was accidentally opened on more than one occasion by the staff at the facility. The Administrator indicated the staff who accidentally opened the mail were in-serviced.</p> <p>Review of an undated facility policy titled, "Mail, email and package distribution," revealed, "Mail is to be delivered unopened." The policy also indicated residents were to be provided with, "the choice of privately opening the mail or receiving assistance from the staff. Keep all reading materials confidential unless the resident specifies."</p> <p>New Jersey Administrative Code § 8.39-4.1</p>	F 576			

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060315	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/10/2023	Y3
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 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 _____	01/10/2023	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 11/18/2022		<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		