STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315068	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DWELLSIDE CARE AND REHAB	**3025 CHAPEL AVENUE WEST , CHERRY HILL, New Jersey, 08002**

(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 . A Complaint Survey was conducted on behalf of the New Jersey Department of Health. Complaint #: NJ2715451, NJ2700288, NJ2651739, NJ2618937, NJ2605676 Incident #: NJ400111 Survey Dates: 03/23/26 - 03/25/26 Survey Census: 146 Sample Size: 6 THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F0000		04/13/2026

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: 060402	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/25/2026

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S0000	Initial Comments Complaint #: 400111; 2605676; 2618937; 2651739; 2700288; 2715451; Survey Dates: 3/23/26-3/25/26 Survey Census:146 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 43 E, Enforcement of Licensure Regulations.	S0000		
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 review of pertinent facility documentation on (insert exit date), it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff to resident ratios as mandated by the state of New Jersey. This deficit practice had the potential to affect all residents. 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 ration (s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight	S0560	No residents were affected by this deficient practice. Efforts to hire facility staff will continue until there is adequate staff to serve all residents. Until that time, the facility will utilize staffing agencies to fill any open spots in the schedule. All residents have the potential to be affected by the deficient practice. Corrective measures to prevent recurrence: On 4/10/2026, the facility Administrator provided an in-service to the Staffing Coordinator on the required staffing ratios and the importance of consistently meeting the required staffing ratios. The facility Administrator has put in place a bonus structure to help increase the levels of staffing accordance to census. Hiring and recruitment efforts including wage analysis and adjustments, pay for experience, online job listings, job fairs, shift differentials, and referral bonuses are being utilized to become more competitive in the marketplace. In addition, the Director of Nursing or designee will meet with the Staffing Coordinator weekly to ensure appropriate staffing. The Director of Nursing or designee will review staffing schedules daily to ensure adequate staffing for all shifts. Findings from the review will be reported to the Administrator. Any issue from the findings will be addressed immediately. The results of the staffing review will be submitted to the QA/QAPI committee quarterly until compliance is met.	04/13/2026

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S0560	Continued from page 1 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. A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the following weeks revealed the facility was deficient in CNA staffing for residents as follow: For the two-week staffing prior to complaint survey from 3/16/25-3/29/25 the facility was deficient in CNA staffing for residents 1 of 14-day shifts. On 3/16/25 the facility had 15 CNAs for 150 residents on the day shift, required at least 19 CNAs. For the two-week staffing prior to complaint survey from 8/24/25-9/6/25 the facility was deficient in CNA staffing for residents 1 of 14-day shifts. On 8/24/25 the facility had 17 CNAs for 150 residents on the day shift, required at least 19 CNAs. For the two-week staffing prior to complaint survey from 9/7/25-9/20/25 the facility was deficient in CNA staffing for residents 1 of 14-day shifts. On 9/14/25 the facility had 16 CNAs for 148 residents on the day shift, required at least 18 CNAs. For the one week staffing prior to complaint survey from 11/30/25-12/6/25 the facility was deficient in CNA staffing for residents 1 of 7-day shifts. On 11/30/25 the facility had 16 CNAs for 145 residents on the day shift, required at least 18 CNAs. For the two-week staffing prior to complaint survey from 12/14/25-12/27/25 the facility was deficient in CNA staffing for residents 1 of 14-day shifts. On 12/20/25 the facility had 16 CNAs for 142 residents on the day shift, required at least 18 CNAs. For the two-week staffing prior to complaint survey from 3/8/26-3/21/26 the facility was deficient in CNA staffing for residents 3 of 14-day shifts. On 3/14/26 the facility had 15 CNAs for 140	S0560		04/13/2026

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S0560	Continued from page 2 residents on the day shift, required at least 17 CNAs. On 3/15/26 the facility had 16 CNAs for 144 residents on the day shift, required at least 18 CNAs. On 3/16/26 the facility had 17 CNAs for 143 residents on the day shift, required at least 18 CNAs.	S0560		04/13/2026

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 4/14/26 in relation to the 3/25/26 Complaint survey. The facility was found to be in compliance with 42CFR 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.

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New Jersey Department of Health

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 4/14/26 in relation to the 3/25/26 State of New Jersey Complaint 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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