

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315219	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/29/2025
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT VOORHEES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3001 EVESHAM ROAD , VOORHEES, New Jersey, 08043
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F0000	<p>INITIAL COMMENTS</p> <p>Complaint #: 187162,2582077, 2583471, 2583609</p> <p>Survey date: 08/27/2025 & 08/29/2025</p> <p>Census: 174</p> <p>Sample Size: 9</p> <p>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.</p>	F0000		
F0755 SS = D	<p>Pharmacy Srvc/Procedures/Pharmacist/Records</p> <p>CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§483.45 Pharmacy Services</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p>	F0755	<p>F755- Pharmacy – Services/Procedures/Pharmacist/Records</p> <p>The facility failed to administer the medications in accordance with the acceptable standard of nursing practice and follow the facility policy on administering medications for 1 of 9 sampled residents (resident #7).</p> <p>Immediate corrective action for residents affected by deficient practice:</p> <p>Resident #7 was a NJ Exec Order 26.4b patient at the time of survey.</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 the deficient practice will not occur for those residents affected:</p>	10/17/2025

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
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F0755 SS = D	<p>Continued from page 1</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interviews, medical record review, as well as review of other pertinent facility documents on 08/27/2025 and 08/29/2025, it was determined that the facility failed to administer medications in accordance with the acceptable standard of nursing practice, and to follow the facility policy on Medication Administration.</p> <p>This deficient practice was identified for 1 of 9 sampled residents (Resident #7) reviewed for medication administration and was evidenced by the following:</p> <p>According to the Admission Record, Resident #7 was admitted to the facility with diagnoses that included but were not limited to: NJ Exec Order 26.4b1 [REDACTED]</p> <p>A review of Resident #7's quarterly Minimum Data Set (MDS), an assessment tool dated [REDACTED], revealed that the resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED] indicating the resident was NJ Exec Order 26.4b1. The MDS also indicated that Resident #7 was NJ Exec Order 26.4b1 on staff for Activities of Daily Living (ADL).</p> <p>A review of Resident #7's Order Summary Report (OSR) dated [REDACTED], revealed Physician's order for the following medications:</p> <p>NJ Exec Order 26.4b1 give 1 tablet by mouth two times a day for NJ Exec Order 26.4b1 was ordered on NJ Exec Order 20.4b1</p> <p>NJ Exec Order 26.4b1 give 1 tablet by mouth two</p>	F0755	<p>Continued from page 1</p> <p>On 9/24/25, an audit was conducted by the Unit managers of all current residents to ensure timely administration and documentation of administered medication and concerns addressed as appropriate with the Medical Director.</p> <p>On 8/29/2025, re-education was initiated by the Assistant Director of Nursing for Licensed Nurses on facility policy for "Medication Administration Policy", "Medication orders", and "Medication Errors" with emphasis on ensuring medications are administered following the six rights of medication administration.</p> <p>On NJ Exec Order, an interdisciplinary care conference was held with resident #7 to discuss plan of care in depth to formulate a new approach to the resident's care that ensures all needs are met in accordance with nursing standards with emphasis on maintaining residents' preferences as much as possible.</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 of 5 random residents to ensure medications are administered within 60 minutes prior to or after scheduled time unless otherwise ordered by physician.</p> <p>Audits will be completed weekly x4 weeks and then monthly x2 months.</p> <p>Results of audits will be reviewed at the Monthly QAPI Meeting and Quarterly QA Meetings over the duration of the audit process to ensure compliance and reassessed for further action.</p>	

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F0755 SS = D	<p>Continued from page 2</p> <p>times a day for [redacted] was ordered on [redacted].</p> <p>[redacted] NJ Exec Order 26.4b1 give 2 tablets by mouth two times daily for [redacted] 2 tabs [redacted] was ordered on [redacted].</p> <p>[redacted] NJ Exec Order 26.4b1 give 1 tablet by mouth one time a day for [redacted] was ordered on [redacted].</p> <p>[redacted] NJ Exec Order 26.4b1 give 1 tablet by mouth one time a day for [redacted] was ordered on [redacted].</p> <p>[redacted] NJ Exec Order 26.4b1 give 1 tablet by mouth one time a day for [redacted] was ordered on [redacted].</p> <p>[redacted] NJ Exec Order 26.4b1 give 1 tablet by mouth one time a day for [redacted] was ordered on [redacted].</p> <p>[redacted] NJ Exec Order 26.4b1 give 1 tablet by mouth two times a day for [redacted] was ordered on [redacted].</p> <p>[redacted] NJ Exec Order 26.4b1 by mouth one time a day for [redacted] was ordered on [redacted].</p> <p>A review of Resident #7's "Medication Admin Audit Report" (MAAR) from [redacted] to [redacted] confirmed the aforementioned medications were scheduled to be administered as follows:</p> <p>[redacted] NJ Exec Order 26.4b1 give 1 tablet by mouth at 9 AM; administered on [redacted] at 11:33 A.M and on [redacted] at 10:16 A.M.</p> <p>[redacted] NJ Exec Order 26.4b1 give 1 tablet by mouth at 9:00 A.M.; administered at 11:32 A.M. on [redacted], and at 10:16 A.M. on [redacted].</p> <p>[redacted] NJ Exec Order 26.4b1 give 2 tablets by mouth at 9:00 A.M., administered on [redacted] at 11:32 A.M., and on [redacted] at 10:16 A.M.</p> <p>[redacted] NJ Exec Order 26.4b1 give 1 tablet by mouth at 9:00 A.M., administered on [redacted] at 11:32 A.M., and on [redacted]</p>	F0755		

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F0755 SS = D	<p>Continued from page 3 NJ Exec Order 26.4b1 at 10:16 A.M.</p> <p>NJ Exec Order 26.4b1 give 1 tablet by mouth at 9:00 A.M., administered on NJ Exec Order 26.4b1 at 11:32 A.M., and on NJ Exec Order 26.4b1 at 10:16 A.M.</p> <p>NJ Exec Order 26.4b1 give 1 tablet by mouth at 9:00 A.M., administered on NJ Exec Order 26.4b1 at 11:32 A.M., and on NJ Exec Order 26.4b1 at 10:16 A.M.</p> <p>NJ Exec Order 26.4b1 give 1 tablet by mouth was scheduled to be administered at 9:00 A.M.; administered on NJ Exec Order 26.4b1 at 11:32 A.M., and on NJ Exec Order 26.4b1 at 10:16 A.M.</p> <p>NJ Exec Order 26.4b1 by mouth at 9:00 A.M., administered on NJ Exec Order 26.4b1 at 11:39 A.M., and on NJ Exec Order 26.4b1 at 10:16 A.M.</p> <p>A review of Resident #7's Progress Notes (PNs) from NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 showed no indication in the PNs that the Resident's US FOIA (b) (6) was notified that the aforementioned medications were not administered according to the scheduled time. There was also no documentation regarding why the medications were administered late. The surveyor did not find documented evidence of NJ Exec O to the Resident #7 from the late administration of their medications.</p> <p>During an interview with the US FOIA (b)(6) on 08/29/25 at 11:42 AM, she stated medications can be administered up to 1 hour before and 1 hour after the time the medication is due. The US FOIA (b)(6) further stated, "it's important to give medications on time to avoid interactions or adverse reaction. Some medications are scheduled with food, some multiple times during the day, so you do not want to cause an overdose. That is why it's important to follow the five rights of medication administration." She also stated that if a medication is not administered on time, the nurse should call the PCP to notify them and receive an order to give the medication after the administration time. US FOIA (b)(6) stated, the nurse should also document why the medication was not administered on time, and that a PCP approved to give the medication after the allowed time. The US FOIA (b)(6) stated, the expectation is for all nurses to follow the facility's policy for medication administration,</p>	F0755		

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F0755 SS = D	<p>Continued from page 4 "looking at the MAAR for Resident #7, the policy was not followed."</p> <p>During an interview with the Director of Nursing (DON), in the presence of the US FOIA (b)(6) on 08/29/2025 at 12:06 PM, the US FOIA stated medications should be given an hour before or an hour after, except specified by the provider and that the rights of medication administration should be followed including; right medication, the right dose, the right route, the right patient, and the right time. The US FOIA stated that the nurse should call the provider to inform the provider that the medications she was about to administer were outside the scheduled administration time window, and obtain instructions to make sure it was okay to give the medications outside the scheduled timeframe. US FOIA further stated that nurses should document in the resident's PNs if a medication is not administered on time, and document that provider was notified and that they obtained order for the medications to be administered later than ordered time.</p> <p>The US FOIA further stated the expectation is that the medication should be administered an hour before and an hour later. If a resident is out of the facility, there should be a progress note to say the patient is out of the facility and ok to administer medication later as per the provider. The US FOIA stated, "the policy was not followed if none of the above was done for medication administration."</p> <p>A review of the facility's policy titled "Medication Administrations," dated 091/2024, revealed "...12...b. Administer within 60 minutes prior to or after scheduled time unless otherwise ordered by physician..."</p> <p>NJAC 8:39-29.2 (d)</p>	F0755		

New Jersey State Department of Health

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S0000	Initial Comments 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		10/17/2025
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: Based on review of facility documents on 08/27/2025 and 08/29/2025, it was determined that the facility failed to ensure staffing ratios were met for 8 of 14-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, 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	S0560	S560 Mandatory Access to Care 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. No adverse effects of the deficient practices were noted for any of the residents. 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.	10/17/2025

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1 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 AAS-11 staffing, the facility was deficient in CNA staffing for residents on 8 of 14 day shifts as follows:</p> <p>On 08/10/25 had 20 CNAs for 174 residents on the day shift, required at least 22 CNAs.</p> <p>On 08/11/25 had 20 CNAs for 174 residents on the day shift, required at least 22 CNAs.</p> <p>On 08/13/25 had 21CNAs for 174 residents on the day shift, required at least 22 CNAs.</p> <p>On 08/14/25 had 20 CNAs for 179 residents on the day shift, required at least 22 CNAs.</p> <p>On 08/15/25 had 21 CNAs for 179 residents on the day shift, required at least 22 CNAs.</p> <p>On 08/16/25 had 20 CNAs for 179 residents on the day shift, required at least 22 CNAs.</p>	S0560	<p>Continued from page 1 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 Manger 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> <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>	