

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

PRINTED: 05/27/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315094</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/04/2024</b>	
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT MERCERVILLE LLC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>2240 WHITEHORSE-MERCERVILLE ROAD</b> <b>HAMILTON TOWNSHIP, NJ 08619</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	<b>INITIAL COMMENTS</b>  Complaint #: NJ00170862, NJ00172003  Census: 97  Sample Size: 5  The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.			F 000			

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

TITLE

(X6) DATE

Electronically Signed

11/04/2024

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.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061106</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/04/2024</b>
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NAME OF PROVIDER OR SUPPLIER

**COMPLETE CARE AT MERCERVILLE LLC**

STREET ADDRESS, CITY, STATE, ZIP CODE

**2240 WHITEHORSE-MERCERVILLE ROAD  
HAMILTON TOWNSHIP, NJ 08619**

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S 000	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.	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: Based on review of pertinent facility documentation, 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 for 16 day shifts and 1 overnight shift. The deficient practice was evidenced by the following:  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	S 560	1. Inadequate number of Certified Nursing Assistants  2. All the residents may be affected by the short staff as required by NJ DOH  3. " The Administrator will in-service the Staffing Coordinator in reference to the state guideline S560. " The Director of Human Resources will continue to post the vacancies on all 3 shifts. " The Director of Human Resources will schedule an Open House. " The Administrator will boost the rate	11/8/24

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New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>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>1. 02/25/2024 to 03/09/2024, the facility was deficient in CNA staffing for residents on 12 of 14 day shifts and deficient in total staff for residents on 1 of 14 overnight shifts as follows:</p> <p>-02/25/24 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs. -02/26/24 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs. -02/27/24 had 10 CNAs for 105 residents on the day shift, required at least 13 CNAs. -02/28/24 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs. -03/01/24 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs. -03/02/24 had 11 CNAs for 102 residents on the day shift, required at least 13 CNAs.</p> <p>-03/03/24 had 9 CNAs for 101 residents on the day shift, required at least 13 CNAs. -03/04/24 had 11 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p>	S 560	<p>when there is an emergency staffing coverage.</p> <p>" The staffing agency will block a schedule for the open position to cover the vacancies.</p> <p>4." The Staffing Coordinator will audit the staffing weekly for 4 weeks then monthly for 3 months.</p> <p>" The Staffing Coordinator will submit the audit report to the Quality Assurance Improvement Committee</p> <p>5. The facility will be in compliance by 11/08/2024</p>	

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S 560	<p>Continued From page 2</p> <p>-03/05/24 had 11 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p> <p>-03/06/24 had 11 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p> <p>-03/07/24 had 11 CNAs for 100 residents on the day shift, required at least 12 CNAs</p> <p>-03/09/24 had 9 CNAs for 100 residents on the day shift, required at least 12 CNAs.</p> <p>-03/09/24 had 6 total staff for 100 residents on the overnight shift, required at least 7 total staff.</p> <p>2. For the 2 weeks of Complaint staffing from 09/15/2024 to 09/28/2024, the facility was deficient in CNA staffing for residents on 4 of 14 day shifts as follows:</p> <p>-09/19/24 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs.</p> <p>-09/23/24 had 10 CNAs for 99 residents on the day shift, required at least 12 CNAs.</p> <p>-09/26/24 had 11 CNAs for 99 residents on the day shift, required at least 12 CNAs.</p> <p>-09/28/24 had 11 CNAs for 99 residents on the day shift, required at least 12 CNAs.</p>	S 560			