

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315282	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/28/2025
NAME OF PROVIDER OR SUPPLIER EXCEL CARE AT MANALAPAN			STREET ADDRESS, CITY, STATE, ZIP CODE 104 PENSION ROAD , MANALAPAN, New Jersey, 07726	
(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	<p>INITIAL COMMENTS</p> <p>Complaint #s NJ 2579980</p> <p>COMPLAINT SURVEY: 10/28/25</p> <p>CENSUS: 112</p> <p>SAMPLE SIZE: 3</p> <p>The NJDOH conducted a Complaint survey on 10/28/25. The survey was officially completed on 10/28/25.</p> <p>A Complaint Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long-Term Care Facilities. Deficiencies were cited for this survey.</p>	F0000		11/20/2025
F0727 SS = D	<p>RN 8 Hrs/7 days/Wk, Full Time DON</p> <p>CFR(s): 1919(b)(4)(C);1919(b)(4)(C)(i);1819(b)(4)(C);1819(</p> <p>Social Security Act §1919 [42 U.S.C. 1396r]</p> <p>§1919(b)(4)(C) Required nursing care; facility waivers.-</p> <p>§1919(b)(4)(C)(i) General requirements.-With respect to nursing facility services provided on or after October 1, 1990, a nursing facility-</p> <p>(II) except as provided in clause (ii), must use the services of a registered professional nurse for at least 8 consecutive hours a day, 7 days a week.</p> <p>Social Security Act §1819 [42 U.S.C. 1395i-3]</p> <p>§1819(b)(4)(C) REQUIRED NURSING CARE.-</p> <p>§1819(b)(4)(C)(i) IN GENERAL.-Except as provided in clause (ii), a skilled nursing facility ... must use the services of a registered professional nurse at least 8 consecutive hours a day, 7 days a week.</p>	F0727	<p>U.S. FOIA (b) (6) was reeducated on the regulation to have a registered nurse every day for at least eight consecutive hours each day.</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>Administrator or designee reviews daily staffing starting on 11/20/25 to confirm there is Registered Nurse coverage for at least eight consecutive hours each day. If inadequate Registered Nurse staffing is noted the facility will utilize agency to ensure compliance.</p> <p>Administrator or designee will check the schedule daily for two weeks. Then weekly for 3 months unless any significant trends are identified. Results of the monthly audits will be reported monthly to the facility Quality Assurance performance team x 3 months.</p>	11/26/2025

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.

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F0727 SS = D	<p>Continued from page 1</p> <p>§483.35(c)(3) Except when waived under paragraph (f) or (g) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.</p> <p>§483.35(c)(4) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on review of Nurse Staffing Report sheets, it was determined that the facility failed to ensure a Registered Nurse (RN) worked 7 days a week for at least 8 consecutive hours a day for 1 of 28 days reviewed.</p> <p>This deficient practice was evidenced by the following:</p> <p>According to the Nursing Staffing Reports completed by the facility, the facility provided no RN services on 7/20/25.</p> <p>NJAC 8:39-25.2(h)</p>	F0727		

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S0000	Initial Comments Complaint # NJ 2579980 Complaint Survey: 10/28/25 Census: 112 Sample Size: 3 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		11/20/2025
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 the Nurse Staffing Reports, it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratios for the day and overnight shifts as mandated by the State of New Jersey for: 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 at 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:	S0560	The facility cannot retroactively address the concern identified. No residents were negatively affected by the deficient practice. The staffing coordinator was reeducated on New Jersey State Staffing Ratio Requirements. All residents have the potential to be affected by the deficient practice. Efforts to hire facility staff will continue until there is adequate staff to meet the minimum staff to resident ratios. The administrator/designee reviews staffing schedules daily starting on 11/20 to ensure adequate staffing for all shifts for two weeks, then monthly for three months or until substantial compliance is achieved. If inadequate staffing is noted the facility will utilize agency to ensure compliance. Administrator or designee checks the schedule daily for two weeks and then monthly x 3 months unless any significant trends are identified. Results of the monthly audits will be reported monthly to the facility QAPI Committee x 3 months.	11/26/2025

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1</p> <p>One (1) Certified Nurse Aide (CNA) to every eight (8) residents for the day shift.</p> <p>One (1) direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>One (1) 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>1The surveyor requested the staffing for the weeks of 7/20/25, 7/27/25, 10/5/25, and 10/12/25.</p> <p>For the 2 weeks of Complaint staffing from 07/20/2025 to 08/02/2025, the facility was deficient in CNA staffing for residents on 12 of 14 day shifts as follows:</p> <p>07/20/25 had 11 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>-07/21/25 had 10 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>-07/23/25 had 12 CNAs for 111 residents on the day shift, required at least 14 CNAs.</p> <p>-07/24/25 had 11 CNAs for 111 residents on the day shift, required at least 14 CNAs.</p> <p>-07/25/25 had 11 CNAs for 111 residents on the day shift, required at least 14 CNAs.</p> <p>-07/26/25 had 10 CNAs for 111 residents on the day shift, required at least 14 CNAs.</p> <p>-07/27/25 had 9 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p> <p>-07/29/25 had 13 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p> <p>-07/30/25 had 13 CNAs for 109 residents on the day shift, required at least 14 CNAs.</p> <p>-07/31/25 had 12 CNAs for 109 residents on the day</p>	S0560		

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S0560	<p>Continued from page 2 shift, required at least 14 CNAs.</p> <p>-08/01/25 had 12 CNAs for 107 residents on the day shift, required at least 13 CNAs.</p> <p>-08/02/25 had 12 CNAs for 107 residents on the day shift, required at least 13 CNAs.</p> <p>2. For the 2 weeks of Complaint staffing from 10/12/2025 to 10/25/2025, 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>-10/12/25 had 10 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p> <p>-10/13/25 had 11 CNAs for 109 residents on the day shift, required at least 14 CNAs.</p> <p>-10/14/25 had 13 CNAs for 109 residents on the day shift, required at least 14 CNAs.</p> <p>-10/16/25 had 13 CNAs for 109 residents on the day shift, required at least 14 CNAs.</p> <p>-10/18/25 had 11 CNAs for 109 residents on the day shift, required at least 14 CNAs.</p> <p>-10/19/25 had 9 CNAs for 111 residents on the day shift, required at least 14 CNAs.</p> <p>-10/20/25 had 12 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p> <p>-10/21/25 had 12 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p> <p>-10/22/25 had 13 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p> <p>-10/23/25 had 13 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p> <p>-10/24/25 had 12 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p> <p>-10/25/25 had 12 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p> <p>-10/25/25 had 7 total staff for 110 residents on the overnight shift, required at least 8 total staff.</p>	S0560		
S1680	Mandatory Nurse Staffing	S1680	The facility cannot retroactively address the concern	11/26/2025

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S1680	<p>Continued from page 3</p> <p>CFR(s): 8:39-25.2(b)(1)&(2)</p> <p>(b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a)) on the basis of:</p> <p>1. Total number of residents multiplied by 2.5 hours/day; plus</p> <p>2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day:</p> <p>Wound care 0.75 hour/day</p> <p>Nasogastric tube feedings and/or gastrostomy 1.00 hour/day</p> <p>Oxygen therapy 0.75 hour/day</p> <p>Tracheostomy 1.25 hours/day</p> <p>Intravenous therapy 1.50 hours/day</p> <p>Use of respirator 1.25 hours/day</p> <p>Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on review of the Nurse Staffing Reports for the weeks of 10/12/2025 to 10/25/2025, it was determined that the facility failed to provide at least minimum staffing levels for 2 of 14 days.</p> <p>The required staffing hours and actual staffing hours are as follows:</p>	S1680	<p>Continued from page 3 identified. No residents were negatively affected by the deficient practice. The staffing coordinator was reeducated on New Jersey State Staffing Requirements to meet direct care hours.</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>Efforts to hire facility staff will continue until there is adequate staff to meet the minimum staffing hours for direct care in the facility. The Administrator/designee and Director of Nursing/designee are reviewing staffing schedules daily starting on 11/20/25 to ensure adequate staffing for all shifts for two weeks, then monthly for three months or until substantial compliance is achieved. If inadequate staffing is noted the facility will utilize agency to ensure compliance.</p> <p>Administrator or designee is checking the schedule daily for two weeks and then monthly x 3 months unless any significant trends are identified. Results of the monthly audits will be reported monthly to the facility QAPI Committee x 3 months.</p>	

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S1680	Continued from page 4 For the week of 10/12/25 Required Staffing Hours: 308.50 -10/12/25 had 304 actual staffing hours, for a difference of -4.50 hours. For the week of 10/19/25 Required Staffing Hours: 308.50 -10/19/25 had 296 actual staffing hours, for a difference of -12.50 hours.	S1680		

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F0000	<p>INITIAL COMMENTS</p> <p>An offsite/desk review of the facility's Plan of Correction was conducted on 12/04/2025 in relation to the 10/28/2025 Recertification survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p>	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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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/04/2025 in relation to the 10/28/2025 State of New Jersey Re-Licensure 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		

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