

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 12/09/2025
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NAME OF PROVIDER OR SUPPLIER EXCEL CARE AT MANALAPAN	STREET ADDRESS, CITY, STATE, ZIP CODE 104 PENSION ROAD , MANALAPAN, New Jersey, 07726
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F0000	<p>INITIAL COMMENTS</p> <p>Complaint #: 2672054</p> <p>Census: 114</p> <p>Sample Size: 4</p> <p>The facility is not in substantial compliance with the requirements of 42 CFR PART 483, SUBPART B, for Long Term Care Facilities based on this Complaint Visit.</p>	F0000		01/09/2026
F0580 SS = D	<p>Notify of Changes (Injury/Decline/Room, etc.)</p> <p>CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes.</p> <p>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in</p>	F0580	<p>Resident #2 had their responsible party notified immediately of the NJ Exec Order 26.4b1. Nursing leadership reviewed the medical record to confirm physician notification, resident assessment, and follow-up care. Staff involved received immediate re-education. There was no NJ Exec Order 26.4b1 outcome as it relates to the lack of notification to the responsible party.</p> <p>All residents having a change in condition have the potential to be at risk for this deficient practice. The Director of Nursing or designee conducted a facility-wide audit of residents with a documented change in condition within the past 30 days. The audit included a review of nursing notes, physician notifications, and documentation of resident representative notification.</p> <p>The Director of Nursing or designee will provide immediate and ongoing education to licensed nursing staff on notifying the resident's family or responsible party when a resident has a change in condition.</p> <p>The Director of Nursing or designee will audit 5 resident charts to ensure there is documentation that the family or responsible party was notified of the resident's change in condition weekly x 4 weeks and then monthly x 3 months. The results of the audits will be reported at the monthly quality assurance and performance improvement meeting x 3 months or unless any significant trends are identified.</p>	01/09/2026

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.

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F0580 SS = D	<p>Continued from page 1 §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)</p> <p>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Complaint # 2672054</p> <p>Based on interviews, review of the Medical Records (MR), and pertinent facility documents on 12/9/25, it was determined that the facility Nursing staff failed to notify the Resident's family when a Resident had a NJ Exec Order 26.4b1 for 1 out of 4 sampled residents (Resident #2). This deficient practice is evidenced by the following:</p> <p>According to Resident #2's MR, the Resident had diagnoses which included but were not limited to: NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1)</p> <p>According to the Minimum Data Set (MDS) an assessment tool utilized to facilitate the care of a resident, dated NJ Ex Order 26.4, indicated that Resident #2 had a Brief Interview for Mental Status (BIMS) score of NJ E/15, indicating the Resident was NJ Ex Order 26.4(b)(1)</p>	F0580		

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F0580 SS = D	<p>Continued from page 2</p> <p>A review of Resident #2's "Progress Notes (PN)" documented by the U.S. FOIA (b) (6) dated NJ Ex Order 26.4 at 9:50 AM, revealed: "Resident with a Medical diagnosis of NJ Ex Order 26.4(b)(1) was observed during the AM shift with an NJ Exec Order of NJ Ex Order 26.4(b)(1). Upon assessment, resident stated 'I already called NJ Ex Order 26.4. Resident appeared NJ Ex Order 26.4 at the time of evaluation.'" Further review of the PN revealed that the U.S. FOIA (b) (6) was notified, the doctor was called, but did not answer, and a voicemail was left regarding the resident's condition and transfer. There was no documentation that the resident's family was notified regarding the resident's NJ Exec Order 26.4b1.</p> <p>An attempt was made to reach the assigned nurse for Resident #2 on 12/9/25 at 1:21 PM but was unsuccessful.</p> <p>During an interview with the surveyor on 12/9/25 at 1:44 PM, the Certified Nursing Assistant (CNA #1) stated that on NJ Ex Order 26.4 she received report from Resident #2's assigned nurse, that the resident had a medical emergency and needed to leave as soon as possible. CNA #1 stated that she received Resident #2 in their NJ Ex Order 26.4(b) and that there were NJ Ex Order 26.4(b)(1) leading to the NJ Ex Order 26.4(b) and on the NJ Ex Order 26.4(b) CNA #1 stated that there were other staff prepping the resident to go to the hospital. CNA #1 stated that the Emergency Medical Transport (EMT) and the resident's representative were already at the facility when she arrived. CNA #1 stated that she provided care to Resident #2 and the resident's NJ Ex Order 26.4 her to put the resident in their chair.</p> <p>During an interview with U.S. FOIA (b) (6) on 12/9/25 at 2:11 PM, the U.S. FOIA stated, "The resident was NJ Ex Order 26.4 I believe that night after midnight on NJ Ex Order 26.4. The U.S. FOIA (b) (6) reported NJ Ex Order 26.4(b) with the resident, they did not know where the NJ Ex Order 26.4 was NJ Ex Order 26.4(b)(1). They reached out to the U.S. FOIA (b) (6) to get further instruction."</p> <p>There was no documentation in Resident #2's MR that the Resident's family was made aware of the Resident's NJ Exec Order 26.4b1.</p> <p>A review of the facility's policy titled "Change in a Resident's Condition or Status" with a Revised date of 2021, revealed:</p>	F0580		

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F0580 SS = D	Continued from page 3 "Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status.... 4. Unless otherwise instructed by the resident, a nurse will notify the resident's representative when: b. There is a significant change in the resident's physical, mental or psychosocial status;" NJAC 8:39-13.1(c)	F0580		

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S0000	Initial Comments Complaint #: 2672054 Census: 114 Sample Size: 4 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		01/09/2026
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: Complaint #: 2672054 Based on interviews and review of facility documents on 12/9/2025, it was determined that the facility failed to ensure staffing ratios were met for 15 of 21-day shifts and 1 overnight 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	S0560	The staffing coordinator was provided with education regarding New Jersey state staffing ratio requirements. Recruitment efforts will continue until sufficient staff are hired to meet the minimum staff-to-resident ratios. In the interim, the facility will utilize staffing agencies and offer additional shifts to current employees, including bonuses as needed. The facility's interdisciplinary team met to review and discuss recruitment and retention strategies. All residents have the potential to be affected by this deficient practice. A weekly recruitment, retention, and employee appreciation meeting has been implemented and will be conducted by the Director of Human Resources and/or designee. Ongoing hiring and recruitment initiatives include pay based on experience, online job postings, job fairs, and employee referral bonuses to remain competitive in the job market. Retention efforts focus on, but are not limited to, incentive programs, opportunities for career advancement, educational and training opportunities, and initiatives to support employee morale. The facility administrator and/or designee will	01/09/2026

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1 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>For the 2 weeks of staffing prior to complaint survey from 10/26/2025 to 11/1/2025, the facility was deficient in CNA staffing for residents on 5 of 7-day shifts as follows:</p> <p>On 10/26/25 had 12 CNAs for 111 residents on the day shift, required at least 14 CNAs.</p> <p>On 10/27/25 had 10 CNAs for 111 residents on the day shift, required at least 14 CNAs.</p> <p>On 10/30/25 had 13 CNAs for 113 residents on the day shift, required at least 14 CNAs.</p> <p>On 10/31/25 had 13 CNAs for 113 residents on the day shift, required at least 14 CNAs.</p> <p>On 11/1/25 had 13 CNAs for 113 residents on day shift, required at least 14 CNAs.</p> <p>For the 2 weeks of staffing dated 11/23/25-12/6/25, the facility was deficient in CNA staffing for residents on 10 of 14 day shifts as follows:</p> <p>On 11/24/25 had 13 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>On 11/25/25 had 13 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>On 11/27/25 had 12 CNAs for 113 residents on the day shift, required at least 14 CNAs.</p> <p>On 11/28/25 had 9 CNAs for 113 residents on the day shift, required at least 14 CNAs.</p> <p>On 11/29/25 had 13 CNAs for 113 residents on the day shift, required at least 14 CNAs.</p>	S0560	Continued from page 1 continue to monitor and document all recruitment and retention activities on a weekly basis. Staffing schedules will be reviewed weekly to ensure appropriate coverage on all shifts. Findings from the weekly recruitment and retention audits will be presented to the Quality Assurance and Performance Improvement Committee monthly for a period of six months. Based on the audit outcomes, a determination will be made regarding the need for continued reporting and submission.	

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S0560	<p>Continued from page 2</p> <p>On 11/30/25 had 11 CNAs for 113 residents on the day shift, required at least 14 CNAs.</p> <p>On 12/2/25 had 13 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>On 12/4/25 had 13 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>On 12/5/25 had 12 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>On 12/6/25 had 12 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>For the 2 weeks of staffing dated 11/23/25-12/6/25, the facility was deficient in CNA staffing for residents on 1 of 14 overnight shifts as follows:</p> <p>On 12/5/25 had 6 CNAs for 114 residents on the overnight shift, required at least 8 CNAs.</p>	S0560		

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F0000	<p>INITIAL COMMENTS</p> <p>An offsite/desk review of the facility's Plan of Correction was conducted on 01/20/2026 in relation to the 12/09/2025 Complaint 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 01/20/2026 in relation to the 12/04/2026 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		

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