

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315159	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/10/2025
NAME OF PROVIDER OR SUPPLIER ELMWOOD HILLS HEALTHCARE CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 425 WOODBURY-TURNERSVILLE ROAD , BLACKWOOD, New Jersey, 08012	
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F0000	<p>INITIAL COMMENTS</p> <p>Complaints #: 2575951, 2648141, and 2642251</p> <p>Survey Date: 11/10/2025</p> <p>Census: 289</p> <p>Sample Size: 5</p> <p>A Complaint survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities and found to be in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, Long Term Care facilities.</p>	F0000		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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060411	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/10/2025
NAME OF PROVIDER OR SUPPLIER ELMWOOD HILLS HEALTHCARE CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 425 WOODBURY-TURNERSVILLE ROAD , BLACKWOOD, New Jersey, 08012	
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S0000	Initial Comments The facility is 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 43E, Enforcement of Licensure Regulations	S0000		11/26/2025
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 interviews and review of other facility documentation, it was determined that the facility failed to maintain required minimum direct care staff or total staff to resident ratios as mandated by the state New Jersey. This deficient practice was identified for 27 out of 49 dayshifts and 7 out of 49 overnight shifts reviewed. 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. "Direct care staff member" means any registered professional nurse, licensed practical nurse, or certified nurse aide who is acting in accordance with that individual's authorized scope of practice and pursuant to documented employee time schedules. The following ratio(s) were effective on 02/01/2021: A review of the AAS-11 (Nurse Staffing Reports)	S0560	Elmwood Hills Healthcare Plan of Correction for Visit 11/10/25 Corrective Action accomplished for Resident(s) affected: Director of Nursing/Designee meets daily and before weekends with a staffing coordinator to review staff sufficiency to ensure minimum staffing hours requirement is met along with extra hours needed to meet special services need of our residents as required at N.J.A.C 8:39-25.1. Staffing coordinators will send daily emails with the staffing number to the Administrator and Director of Nursing and ADON's and Nursing Supervisor. Residents identified having the Potential to be affected and corrective action taken: All residents residing in the facility had the potential to be affected. A random sample of Twenty alert and oriented residents were interviewed regarding staff response times to requests for assistance with concerns reported to the Director of Nursing for rectification.	12/02/2025

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1 completed by the Licensed Nursing Home Administrator (LNHA) revealed the following:</p> <p>For the seven weeks of AAS-11 staffing, the facility was deficient as follows:</p> <p>1. For the two weeks of Complaint staffing from 07/20/2025 to 08/02/2025, the facility was deficient in CNA staffing for residents on eight of 14 day shifts and deficient in total staff for residents on three of 14 overnight shifts as follows:</p> <p>-07/20/25 had 26 CNAs for 296 residents on the day shift, required at least 37 CNAs.</p> <p>-07/20/25 had 18 total staff for 296 residents on the overnight shift, required at least 21 total staff.</p> <p>-07/21/25 had 32 CNAs for 296 residents on the day shift, required at least 37 CNAs.</p> <p>-07/23/25 had 35 CNAs for 289 residents on the day shift, required at least 36 CNAs.</p> <p>-07/24/25 had 33 CNAs for 289 residents on the day shift, required at least 36 CNAs.</p> <p>-07/25/25 had 18 total staff for 289 residents on the overnight shift, required at least 21 total staff.</p> <p>-07/26/25 had 26 CNAs for 289 residents on the day shift, required at least 36 CNAs.</p> <p>-07/27/25 had 24 CNAs for 289 residents on the day shift, required at least 36 CNAs.</p> <p>-07/27/25 had 19 total staff for 289 residents on the overnight shift, required at least 21 total staff.</p> <p>-07/28/25 had 32 CNAs for 287 residents on the day shift, required at least 36 CNAs.</p> <p>-07/31/25 had 32 CNAs for 286 residents on the day shift, required at least 36 CNAs.</p> <p>2. For the three weeks of Complaint staffing from 09/28/2025 to 10/18/2025, the facility was deficient in CNA staffing for residents on 11 of 21 day shifts and deficient in total staff for residents on one of 21 overnight shifts as follows:</p>	S0560	<p>Continued from page 1 Measures to be put in place to ensure the deficient practice will not recur:</p> <p>The Call Out Policy was reviewed by the facility administration and staff have been reeducated by the Facility Educator on the policy. Referral and Sign-on Bonuses are offered for both Licensed and Certified Nursing Staff. The Retention and Recruitment Coordinator and Nurse Educator meet at area Nursing and CNA Schools and host job fairs. Interviews are done on the spot. Staffing needs for the day are assessed daily and evaluated if the Nursing Management (Unit Managers, ADON, and Facility Educator) needs to assist with resident care. Staff recognition is done monthly including employee of the month recognition, employee anniversary and recognition for staff that do not call out. Elmwood Hills established a recruitment and retention committee. Elmwood Hills hired a recruitment and retention employee. Elmwood Hills does weekly Orientation. Elmwood Hills uses multiple employment search engines and multiple social media platforms. Elmwood Hills does recruitment events at area CNA schools; interviews are done on the spot. Elmwood Hills continues to offer flexible schedules to staff.</p> <p>Alert and Oriented residents will be interviewed regarding the timeliness of staff response when requesting help as part of their Quarterly care conference meetings. This date will be reported to Social Services quarterly to the QA Committee for the next two meetings, which will evaluate that the deficiency remains corrected and in compliance with regulatory requirements.</p> <p>Corrective Action will be monitored to ensure the deficient practice will not recur:</p> <p>The Director of Nursing (DON)/Designee will conduct daily Certified Nursing (CNA) staffing schedule audits for the next six months. The DON/designee will report audit findings to the Administrator for analysis, tracking and trending.</p> <p>The Administrator will report the findings of the Certified Nursing Assistant staffing audits to the Quality Assessment and Assurance (QAA) Committee for the next two quarters. The QAA committee will determine the need for any additional monitoring of Certified Nursing Assistant staffing after the 2nd quarterly meeting.</p>	

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S0560	Continued from page 2 -09/28/25 had 29 CNAs for 285 residents on the day shift, required at least 36 CNAs. -09/29/25 had 34 CNAs for 282 residents on the day shift, required at least 35 CNAs. -09/30/25 had 34 CNAs for 282 residents on the day shift, required at least 35 CNAs. -10/02/25 had 34 CNAs for 283 residents on the day shift, required at least 35 CNAs. -10/04/25 had 30 CNAs for 283 residents on the day shift, required at least 35 CNAs. -10/07/25 had 31 CNAs for 284 residents on the day shift, required at least 35 CNAs. -10/08/25 had 33 CNAs for 284 residents on the day shift, required at least 35 CNAs. -10/11/25 had 33 CNAs for 286 residents on the day shift, required at least 36 CNAs. -10/12/25 had 31 CNAs for 286 residents on the day shift, required at least 36 CNAs. -10/13/25 had 34 CNAs for 286 residents on the day shift, required at least 36 CNAs. -10/18/25 had 27 CNAs for 285 residents on the day shift, required at least 36 CNAs. -10/18/25 had 19 total staff for 285 residents on the overnight shift, required at least 20 total staff. 3. For the two weeks of Complaint staffing from 10/26/2025 to 11/08/2025, the facility was deficient in CNA staffing for residents on eight of 14 day shifts and deficient in total staff for residents on three of 14 overnight shifts as follows: -10/26/25 had 26 CNAs for 290 residents on the day shift, required at least 36 CNAs. -10/26/25 had 19 total staff for 290 residents on the overnight shift, required at least 21 total staff.	S0560	Continued from page 2 Date of Compliance: 12/02/2025	

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S0560	<p>Continued from page 3</p> <p>-10/27/25 had 23 CNAs for 290 residents on the day shift, required at least 36 CNAs.</p> <p>-10/28/25 had 26 CNAs for 290 residents on the day shift, required at least 36 CNAs.</p> <p>-10/30/25 had 33 CNAs for 294 residents on the day shift, required at least 37 CNAs.</p> <p>-10/31/25 had 35 CNAs for 294 residents on the day shift, required at least 37 CNAs.</p> <p>-11/01/25 had 29 CNAs for 293 residents on the day shift, required at least 37 CNAs.</p> <p>-11/01/25 had 19 total staff for 293 residents on the overnight shift, required at least 21 total staff.</p> <p>-11/02/25 had 29 CNAs for 290 residents on the day shift, required at least 36 CNAs.</p> <p>-11/08/25 had 28 CNAs for 290 residents on the day shift, required at least 36 CNAs.</p> <p>-11/08/25 had 19 total staff for 290 residents on the overnight shift, required at least 21 total staff.</p> <p>On 11/10/25 at 2:45 PM, the surveyor interviewed the facility's Staffing Coordinator (SC) who stated she was aware of the minimum staffing ratios and that the facility was able to meet those requirements. The SC stated the facility did not use any agency staff but did use an application for the phone where facility employed CNAs could access the schedule and request to work any available shifts. The SC added the facility offered bonuses and incentives to nursing staff who picked up additional shifts.</p> <p>On 11/10/25 at 3:08 PM, the surveyor interviewed the Director of Nursing (DON) who stated they do the best they can with staffing, that the only outlier was CNA staffing on the overnight shift, they had a lot of call outs. The nurses were not an issue.</p> <p>A review of the facility "Mandatory Registered Professional Nurse Staffing" policy dated revised 8/2025 included "... The facility will make every effort to have the following direct care staff ratio: 1:8 ratio on day shift, 1:10 ratio on evening shift, 1:14 ratio on night shift..."</p>	S0560		
S1680	Mandatory Nurse Staffing	S1680	Elmwood Hills Healthcare	12/02/2025

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S1680	<p>Continued from page 4</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 10/26/25 and 11/2/25, it was determined that the facility failed to provide at least minimum staff levels for 3 of 14 days. The required staffing hours and actual staffing hours are as follows:</p> <p>For the 2 weeks of AAS-12 staffing from 10/26/2025 to 11/08/2025, the facility was deficient in staffing for</p>	S1680	<p>Continued from page 4</p> <p>Plan of Correction for Visit 10/16/25</p> <p>Corrective Action accomplished for Resident(s) affected:</p> <p>Director of Nursing/Designee meets daily and before weekends with a staffing coordinator to review staff sufficiency to ensure minimum staffing hours requirement is met along with extra hours needed to meet special services need of our residents as required at N.J.A.C 8:39-25.1. Staffing coordinators will send daily emails with the staffing number to the Administrator and Director of Nursing and ADON's and Nursing Supervisor.</p> <p>Residents identified having the Potential to be affected and corrective action taken:</p> <p>All residents residing in the facility had the potential to be affected. A random sample of Twenty alert and oriented residents were interviewed regarding staff response times to requests for assistance with concerns reported to the Director of Nursing for rectification.</p> <p>Measures to be put in place to ensure the deficient practice will not recur:</p> <p>The Call Out Policy was reviewed by the facility administration and staff have been reeducated by the Facility Educator on the policy. Referral and Sign-on Bonuses are offered for both Licensed and Certified Nursing Staff. The Retention and Recruitment Coordinator and Nurse Educator meet at area Nursing and CNA Schools and host job fairs. Interviews are done on the spot. Staffing needs for the day are assessed daily and evaluated if the Nursing Management (Unit Managers, ADON, and Facility Educator) needs to assist with resident care. Staff recognition is done monthly including employee of the month recognition, employee anniversary and recognition for staff that do not call out. Elmwood Hills established a recruitment and retention committee. Elmwood Hills hired a recruitment and retention employee. Elmwood Hills does weekly Orientation. Elmwood Hills uses multiple employment search engines and multiple social media platforms. Elmwood Hills does recruitment events at area CNA</p>	

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S1680	<p>Continued from page 5 required resident services on 3 of 14 days as follows:</p> <p>For the week of 10/26/25</p> <p>Required Staffing Hours: 805</p> <p>-10/26/25 had 784 actual staffing hours, for a difference of -21 hours.</p> <p>-10/28/25 had 728 actual staffing hours, for a difference of -77 hours.</p> <p>-11/01/25 had 792 actual staffing hours, for a difference of -13 hours.</p> <p>On 11/10/25 at 2:45 PM, the surveyor interviewed the facility's Staffing Coordinator (SC) who stated she was aware of the minimum staffing ratios and that the facility was able to meet those requirements. The SC stated the facility did not use any agency staff but did use an application for the phone where facility employed CNAs and nurses could access the schedule and request to work any available shifts. The SC added the facility offered bonuses and incentives to nursing staff who picked up additional shifts.</p> <p>On 11/10/25 at 3:08 PM, the surveyor interviewed the Director of Nursing (DON) who stated they do the best they can with staffing, that the only outlier was CNA staffing on the overnight shift, they had a lot of call outs. The nurses were not an issue.</p> <p>A review of the facility "Mandatory Registered Professional Nurse Staffing" policy dated revised 8/2025 included "... The facility will make every effort to have the following direct care staff ratio: 1:8 ratio on day shift, 1:10 ratio on evening shift, 1:14 ratio on night shift... The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides ... 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; Nasogastric tube feedings and/or gastrostomy 1.00 hour/day; oxygen therapy 0.75 hour/day; tracheostomy 1.25 hour/day;</p> <p>Intravenous therapy 1.50 hour/day; use of respirator</p>	S1680	<p>Continued from page 5 schools; interviews are done on the spot. Elmwood Hills continues to offer flexible schedules to staff.</p> <p>Alert and Oriented residents will be interviewed regarding the timeliness of staff response when requesting help as part of their Quarterly care conference meetings. This date will be reported to Social Services quarterly to the QA Committee for the next two meetings, which will evaluate that the deficiency remains corrected and in compliance with regulatory requirements.</p> <p>Corrective Action will be monitored to ensure the deficient practice will not recur:</p> <p>The Director of Nursing (DON)/Designee will conduct daily Certified Nursing (CNA) staffing schedule audits for the next six months. The DON/designee will report audit findings to the Administrator for analysis, tracking and trending.</p> <p>The Administrator will report the findings of the Certified Nursing Assistant staffing audits to the Quality Assessment and Assurance (QAA) Committee for the next two quarters. The QAA committee will determine the need for any additional monitoring of Certified Nursing Assistant staffing after the 2nd quarterly meeting.</p> <p>Date of Compliance: 12/02/2025</p>	

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S1680	Continued from page 6 1.25 hour/day; Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hour/day...	S1680		

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S0000	Initial Comments An offsite/desk review of the facility's plan of correction was conducted on 12/10/25 in relation to the 11/10/25 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		12/13/2025

Office of Primary Care and Health Systems Management

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