

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315001	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/03/2025
NAME OF PROVIDER OR SUPPLIER  Merwick Care & Rehab Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Plainsboro Road Plainsboro, NJ 08536	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.  (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Complaint #: 2680813Based on record review, staff interviews, and review of pertinent facility documentation on 12/3/2025, it was determined that the facility failed to ensure the individualized comprehensive care plan reflected a resident's current physician ordered diet. This deficient practice was identified for 3 of 3 residents (Resident #1, Resident #2, and Resident #4). The findings were as followed:1. According to the admission Record (AR), Resident #1 was admitted to the facility with diagnoses which included but were not limited to: atrial fibrillation (irregular heart rhythm), dementia, and depression. According to the comprehensive Minimum Data Set (MDS), an assessment tool dated 11/14/2025, Resident #1 had a Brief Interview for Mental Status (BIMS) score of 00 out of 15, which indicated the resident's cognition was severely impaired. Resident #1 was no longer at the facility at the time of the survey.A review of Resident #1's Order Summary Sheet (OSR) with active orders as of 11/7/2025 revealed the following physician order (PO):Vegetarian diet, pureed texture, thin consistency with an order date of 11/7/2025.A review of Resident #1's Care Plan (CP) revealed a Focus with an initiated date of 11/10/2025, that Resident #1 is at risk of malnutrition r/t [related to] chronic disease, on mechanically altered diet, and low BMI [body mass index]. The CP further revealed an intervention with an initiated date of 11/10/2025, Provide and serve diet as ordered: Regular diet, pureed texture, thin consistency. Resident #1's CP did not reveal that the resident was on a vegetarian diet. 2. According to the AR, Resident #2 was admitted to the facility with diagnoses which included but were not limited to: hypertension, depression, and weakness.According to the comprehensive MDS, an assessment tool dated 11/22/2025, resident #2 had a BIMS score of 14 out of 15, which indicated the resident's cognition was intact. A review of Resident #2's OSR with active orders as of 12/3/2025 revealed the following PO:Regular diet, chopped texture, thin consistency with an order date of 11/18/2025.A review of Resident #2's CP revealed a Focus with an initiated date of 11/18/2025, that Resident #2 is at risk of malnutrition r/t [related to] chronic disease, altered lab values, and on mechanically altered diet. The CP further revealed an intervention with an initiated date of 11/18/2025, provide and serve diet as ordered: Regular diet, regular texture, thin consistency.Resident #2's CP did not reveal that the resident was on a chopped texture diet. 3. According to the AR, Resident #4 was admitted to the facility with diagnoses which included but were not limited to: cerebral infarction (when blood supply to part of the brain is blocked or reduced), muscle weakness, and dementia. According to the comprehensive MDS, an assessment tool dated 11/26/2025, Resident #4 had a BIMS score of 3 out of 15, which indicated the resident's cognition was severely impaired. A review of Resident #4's OSR with active orders as of 12/3/2025 revealed the following PO:Renal diet, pureed texture, nectar consistency with an order date of 12/1/2025.A review of Resident #4's CP revealed a Focus with an initiated date of 11/25/2025, that resident #4 has a nutritional problem r/t [related to] chronic disease, increased nutritional needs, need for supplements, on mechanically altered diet, on therapeutic diet, and altered labs. The CP further revealed an intervention with an initiated date of 11/25/2025, Provide diet as ordered: renal diet, ground texture, regular/thin consistency, nectar thickened liquids.Resident #4's CP did not reveal that the resident was on a pureed texture.On 12/3/2025 at 12:27 P.M., the surveyor interviewed the Registered Dietician (RD) who stated she was responsible for creating the nutritional care plan with help from speech therapy and nursing staff. The RD further stated the accurate diet for the resident should have been reflected on the care plans. The RD confirmed that Resident #1, Resident #2, and Resident #4 did not have the correct diets reflected on their care plans. The RD stated it was important to ensure the care plans were correct because the care plan tells the staff how to care for the residents. On 12/3/2025 at 1:11 P.M., the surveyor interviewed the Director of Nursing (DON) who stated that the dietary and nursing staff should ensure the accuracy of the resident's diet on the care plans. The DON further stated the resident's physician order for their diet should match the care plan. She stated this was important because a resident could choke. A review of the facility's policy titled Care Plans, Comprehensive Person-Centered with a revision date of March 2002 revealed under Policy Interpretation and Implementation, 7. The comprehensive, person-centered care plan: b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychological well-being.NJAC 8:39-11.2 (e) (1)</p>		