

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER Complete Care at Mercerville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2240 Whitehorse-Mercerville Road Hamilton Township, NJ 08619	

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)
<p>F 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on interviews, review of the medical records, and other pertinent facility documents on 2/27/25 and 3/11/25, it was determined that the facility failed to maintain an accurate and complete medical record in accordance with acceptable standards and practice by not updating a resident's Comprehensive Care Plan (CPP) to include a fall and fall intervention for 1 of 3 residents (Resident #2).</p> <p>This deficient practice was identified for 1 of 3 residents (Resident #2) who was reviewed for falls and was evidenced by the following:</p> <p>According to the admission record, Resident #2 was admitted to the facility with diagnoses which included but not limited to: Emphysema (a lung disease where the tiny air sacs (alveoli) in your lungs become damaged or destroyed, making it hard to breathe), Alcoholic Cirrhosis of Liver with Ascites (fluid in the belly), Unspecified Severe Protein-Calorie Malnutrition, Essential Hypertension, Depression, Anxiety Disorder.</p> <p>The Minimum Data Set (MDS), an assessment tool dated 5/27/24, indicated that Resident #2 had a Brief Interview for Mental Status (BIMS) score of 00 out of 15, which indicated that the Resident's cognition was severely impaired.</p> <p>A review of the Social Worker's note dated 5/7/24 revealed that Resident #2 refused to complete his/her BIMS.</p> <p>A review of the Progress Notes (PN) dated 4/30/24 at 11:47 AM revealed that Resident #2 was found on the floor on the right side of the bed sitting up. Resident #2 denied any pain. Vital signs were checked, and neurological checks were started.</p> <p>A review of the PN's dated 05/01/24 at 09:31 revealed a late entry note by RN #2 that Resident #2's care plan was updated.</p> <p>A review of Resident #2's Care Plan, dated 5/14/24, revealed that the Resident #2 is high risk for falls related to deconditioning.</p> <p>A review of Resident #2's Care Plan, dated 5/14/24, revealed there was no documented evidence that the Care Plan was updated to reflect the fall that occurred on 04/30/24. There was also no documented evidence of interventions to address the fall that occurred on 04/30/24.</p> <p>(continued on next page)</p>

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 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>12 10:52 A.M., the MDS Coordinator stated that when a resident is admitted to the facility, she has 14 days to complete a RAP (Resident Assessment Protocol) summary, and the RAP will initiate the triggered problems that she will then review and assure they are being addressed. She stated the Unit Manager (UM) is responsible for the initial care plan. The UM is also responsible for updating the care plan. The MDS Coordinator stated that the UM should have updated Resident #2's care plan to reflect Resident #2's fall on 4/30/24.</p> <p>During an interview with the surveyor on 3/11/2025 at 10:59 A.M., LPN #1/UM stated that the UM oversees updating a resident's care plan if there is a change with the resident, including when a resident falls. LPN #1/UM stated that she should have updated Resident #2's care plan when Resident #2 fell on 4/30/24.</p> <p>During an interview with the surveyor on 3/11/2025 at 11:59 A.M., the Licensed Nursing Home Administrator (LNHA) acknowledged that Resident #2's care plan should have been updated by the UM to reflect resident's fall on 4/30/2024.</p> <p>NJAC 8:39-11.2(2)(h)(i)</p>		