

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/27/2025
NAME OF PROVIDER OR SUPPLIER  Aristacare at Cherry Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  1399 Chapel Ave West Cherry Hill, NJ 08002	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Complaint #: NJ185404</p> <p>Based on interviews, medical record reviews, and review of other pertinent facility documentation on 6/27/2025, it was determined that the facility failed to update the care plan (CP) with interventions for a resident (Resident #1) involved in a staff to resident abuse allegation.</p> <p>This deficient practice was identified in 1 of 7 residents reviewed for care plans and was evidenced by the following:</p> <p>According to the admission Record (AR), Resident #1 was admitted to the facility in April 2025 with diagnoses which included but were not limited to: Diabetes, Major Depressive Disorder, and Hypertension.</p> <p>According to the admission Minimum Data Set (MDS), an assessment tool dated 4/12/2025, Resident #1 had a Brief Interview for Mental Status (BIMS) score of 14 out of 15, which indicated the resident's cognition was intact.</p> <p>According to the facility's Investigation, Summary and Conclusion dated 4/11/2025, revealed the social worker was doing rounds and the resident reported that his/her Certified Nursing Assistant (CNA) was rough with him/her. Resident #1 stated yesterday when she helped me into the bed, she didn't wait for me to try and move over, she just shoved me. The investigation further revealed that Resident #1 was trying to be more independent due to going back home. The CNA did not want the resident to fall and helped the resident into the bed.</p> <p>A review of Resident #1's CP revealed no new updates or interventions related to the abuse allegation on 4/10/2025.</p> <p>On 6/27/2025 at 3:09 PM, the surveyor interviewed the Director of Nursing (DON), who stated that the resident's care plan was not updated after the abuse allegation on 4/10/2025. The DON stated all nursing staff were responsible for updating the care plan and that it should have been updated after the abuse allegation. The DON further stated it was important to update the care plan because it tells staff how to care for the residents.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's undated policy titled Care Plans revealed under Policy Statement, An individualized care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental, and psychological needs is developed for each resident. Under Policy Interpretation and Implementation, 4. Care plans are revised as changes in the resident's condition may dictate.</p> <p>NJAC 8:39-11.2 (e) (1) (2)</p>		