STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315289	A. Building B. Wing	01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Voorhees Pediatric Facility	1304 Laurel Oak Road Voorhees, NJ 08043

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interviews, medical records and review of other pertinent facility documentation on 1/30/26, it was determined that the facility failed to ensure clinical records were complete and accurately documented. This failure had the potential to affect the facility's ability to monitor the resident's nutritional status. This deficient practice was identified for 1 of 3 residents reviewed for resident records (Resident #2), and was evidenced by the following:According to the admission Record (AR) face sheet, Resident #2 was admitted to the facility with diagnoses which included but were not limited to acute and chronic respiratory failure, unspecified whether with hypoxia or hypercapnia (a clinical condition where a patient with a pre-existing, long-term (chronic) respiratory impairment experiences a new, sudden (acute) worsening of their ability to exchange oxygen and carbon dioxide. This diagnosis, often referred to as acute on chronic respiratory failure, is used when documentation confirms both conditions coexist, but the specific type of blood gas abnormality-low oxygen (hypoxia) or high carbon dioxide (hypercapnia), gastrostomy status (a surgically created opening (stoma) into the stomach, usually with a feeding tube (G-tube) in place for nutrition, medication, or decompression), and anoxic brain damage (a serious, often life-threatening condition caused by a complete lack of oxygen reaching the brain, leading to cell death within minutes).A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated 1/13/26, indicated that the resident could not be assessed for a Brief Interview for Mental Status (BIMS) as the resident is rarely/never understood.On 1/30/26 at 10:54 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) who stated that feeds are documented on the Medical Administration Record (MAR), Treatment Administration Record (TAR), and Enteral Nutrition Log (ENT). She further stated that if a feed is not given, the charge nurse is notified as well as the medical team. The LPN waits for further instructions from the medical team, documents the instructions and notifies family as per facility policy.On 1/30/26 at 11:07 AM, the surveyor interviewed the Registered Nurse (RN) who stated that documentation for resident care is completed in Point Click Care (PCC) and that the expectation is that PCC documentation is done within the shift and that information should be documented as soon as possible. She further stated that documentation allows nurses to keep track of what is happening with residents and that it is important to document because even the slightest change could set off another chain of events for the facility's residents. She stated that several of the residents at the facility are vulnerable as they are nonverbal.On 1/30/26 at 1:46 PM, the surveyor presented the Licensed Nursing Home Administrator (LNHA), Assistant Director of Nursing (ADON), and Director of Social Work (DSW) with Resident #2's January nutrition log. The surveyor circled and showed the facility's team the empty documentation for 1/7/26 for 5:00 AM.On 2/2/26 at 8:50 AM, the surveyor conducted a phone interview with the Director of Nursing (DON) who stated that the expectation for staff regarding documentation is that all the documentation for residents should be done.A review of the facility's policy titled EMR Documentation-PCC, with an effective date of (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Voorhees Pediatric Facility	1304 Laurel Oak Road Voorhees, NJ 08043

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	12/25, included the following information under Policy: to ensure timely, accurate, and complete clinical documentation in PointClickCare (PCC) in order to support safe resident care, regulatory compliance, and effective communication among the interdisciplinary team. Under, RN/LPN Documentation Responsibilities:-Nursing interventions and resident responses-Medication administration documentation and required monitoringA review of the facility's policy titled, Nutrition: Enteral (GT, JT, NJT, NGT), with a last revised date of 6/2025, included the following information under Purpose: to ensure residents safely and effectively receive appropriate nutrition via enteral tube. Under, Policy: Pump or bolus feedings via enteral tube will be used in accordance with a physician's order to supply partial or total nutritional support for the patient whose clinical condition demonstrates that nourishment via an enteral tube is necessary. Under, Procedure Guidelines:19. Record feeding on EMR.8:39-35.2(c)