

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 06/02/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/07/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Marcella, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  2305 Rancocas Road Burlington, NJ 08016	
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 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>48618</p> <p>COMPLAINT #NJ00174308</p> <p>Based on interviews, review of medical records and other pertinent facility documentation on 06/07/24, it was determined that the facility failed to perform skin scrapings to confirm the presence of scabies (an infestation of the skin by a human itch mite).</p> <p>The deficient practice was identified for 2 of 4 residents (Resident #1 and Resident #4) sampled and was evidenced by the following:</p> <p>During a review of Resident #1's electronic medical record (EMR), a physician note, dated 02/22/24, at 08:53 A.M. revealed that one of the resident's chief complaints included a rash that had developed across his/her lower extremities, trunk and back. The note further revealed that Ivermectin (an oral medication effective in treating scabies) was ordered for Scabies.</p> <p>The surveyor reviewed the resident's Order Summary Report from 03/01/24, which revealed an active physician's order for Ivermectin 18 MG to be given for Scabies on 02/22/2024.</p> <p>The surveyor reviewed Resident #1's February 2024 Medication Administration Record (MAR), that revealed that Ivermectin was administered on 02/22/24.</p> <p>A review of Resident #1's progress notes and physician orders, did not contain an order for a skin scraping.</p> <p>During a review of Resident #4's electronic medical record (EMR), the surveyor reviewed the following progress notes:</p> <p>-Nursing note [signed by the Unit Manager], dated 02/15/24, at 01:40 P.M. that revealed that that the resident had returned from a dermatology appointment and that Permethrin External Cream 5% (a topical medication used to treat scabies) was prescribed.</p> <p>-Physician note, dated 02/20/24, at 12:00 A.M that contained, Nursing reports the patient did not have a scraping at dermatology to confirm diagnosis of scabies . The note further revealed that Ivermectin was then ordered.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/07/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Marcella, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  2305 Rancocas Road Burlington, NJ 08016	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The surveyor reviewed the resident's Order Summary Report from 03/01/24, which revealed an active physician's order for Ivermectin 15 MG on 02/22/24.</p> <p>The surveyor reviewed Resident #1's February 2024 Medication Administration Record (MAR), that revealed that Ivermectin was administered on 02/20/24 and Permethrin Cream was administered on 02/15/24.</p> <p>A review of the Resident #1's progress notes and physician orders, did not contain an order for a skin scraping.</p> <p>During an interview with the Director of Nursing (DON), on 06/07/24, at 11:12 A.M. she stated that the Infection Preventionist Nurse was not available for interview. She further stated that she [the DON] would be able to assist the surveyor with any Infection Control concerns. The surveyor asked if there had been any positive cases of scabies in the facility since February 2024, the DON stated No. She further added that there had been multiple skin flare-ups with different presentations involving many residents, but that there was no pattern. She also added that residents had responded to different courses of treatments but that no confirmed case of scabies was reported.</p> <p>During an interview with the Unit Manager (UM), on 06/07/24, at 01:57 P.M. she stated that she had called the dermatology office to confirm whether a skin scraping had been done for Resident #4 and they told her that they had not performed one. She stated that she provided the facility physician with this information. She stated that there was no outbreak of scabies at the facility because there were no positive skin scrapings. When the surveyor asked if she was aware of any skin scrapings that had been done at the facility, she stated, Not that I was aware of.</p> <p>During a telephone interview with the treating Physician on 06/07/24, at 02:44 P.M., he stated that Ivermectin and Permethrin were commonly used in the treatment of scabies, and other conditions as well, and that no one at the facility was reported to have a positive scraping. When asked about the dermatology visit for Resident #4, the physician stated that the facility had called the dermatology office and confirmed that although the resident was given the diagnosis, the office had not performed a skin scrape and since they had not, the physician did not consider it as a confirmed diagnosis. The physician stated that although the skin scraping had not been completed the recommendation was to continue to follow the dermatologist's recommended course of treatment. The surveyor asked the physician about the diagnosis of scabies in the physician note for resident #1, to which the physician stated, This [scabies] was the working diagnosis at the time, since the other patient [Resident #4] had been seen by dermatology. He went on to state that since the scraping was confirmed as not being done, they went on to treat Resident #1 accordingly because, It could have been scabies. The surveyor asked if he had ordered skin scrapings for Resident #1 or Resident #4 to confirm whether they had scabies, and he stated that he had not.</p> <p>The surveyor reviewed the facility's Scabies Identification, Treatment and Environmental Cleaning, dated 12/06/23, which revealed that the purpose of the procedure was to treat infected residents and to prevent the spread of scabies to other residents and staff. The policy further explained the equipment and supplies needed, along with the steps to perform the skin scraping for microscopic identification. Under the Reporting section, the policy revealed that reporting should be, . in accordance with facility policy and professional standards of practice.</p> <p>(continued on next page)</p>		

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 06/02/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/07/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Marcella, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  2305 Rancocas Road Burlington, NJ 08016	
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 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During a follow-up interview with the DON at 04:04 P.M., the surveyor reviewed the scabies policy provided by her. The surveyor asked the DON if it was policy that skin scrapings be conducted at the facility, to which the DON stated, Yes. The surveyor asked the DON if a skin scraping had been done for Resident #1, who had a written diagnosis in the chart for scabies and she stated, No. The surveyor asked the DON if a skin scraping had been done for Resident #4 who had been seen by the dermatologist and was diagnosed with scabies and she stated, No. When asked why these two aforementioned residents did not receive skin scrapings, she stated, I am not a doctor. The surveyor asked the DON if any resident had received a positive skin scraping result for scabies what would the facility have done, to which the DON stated, We would have notified the Department of Health.  8:39-19.4		