State of New Jersey
DEPARTMENT OF HEALTH
PO BOX 358
TRENTON, N.J. 08625-0358
www.nj.gov/health

MIKIE SHERRILL
Governor

DR. DALE G. CALDWELL
Lt. Governor

DR. RAYNARD E. WASHINGTON
Commissioner

In Re Licensure Violation: Complete Care at Mercerville (NJ Facility ID# NJ 61106)	:	REVISED NOTICE OF ASSESSMENT OF PENALTIES

TO: Yehuda Berman - Administrator
Complete Care at Mercerville
2240 Whitehorse-Mercerville Road
Hamilton, New Jersey 08619
yberman@ccmercerville.com

Dear Mr. Berman:

On April 29, 2025, the Department of Health (hereinafter "the Department") issued a notice of assessment to Complete Care at Mercerville (hereinafter "Mercerville" or "the facility") assessing a total civil monetary penalty of $14,000 for staffing violations identified on the March 11, 2025 survey. The Department assessed the penalty at $1,000 for each of the fourteen days of staffing shortages. On June 17, 2025, the Department issued a notice of assessment assessing a total penalty of $5,000 (5 days x $1,000) for repeat staffing violations identified on the May 2, 2025 survey. The Department is revising its June 17, 2025, notice of assessments because N.J.S.A. 26:2H-46.1 (Increase in Penalties for Deficiencies outlined in Federal Centers for

Medicare and Medicaid Services Guidance) requires that the facility "shall be subject to a penalty that shall be more severe than the penalty imposed for the previous violation".

Effective immediately, the Department of Health (hereinafter "the Department") is assessing penalties pursuant to N.J.S.A. 26:2H-46.1 and N.J.A.C 8:43E-3.4 upon the facility because the facility has incurred two or more of the same or substantially similar F-level or higher-level deficiencies as defined by the federal Centers for Medicare and Medicaid Services (CMS) within the prior three years. N.J.S.A 26:2H-46.1 requires the Department to impose an increased penalty upon a licensed nursing home for violations within a three-year period of the same or a substantially similar F-level or higher-level deficiency. N.J.S.A. 26:2H-46.1 requires that an increased penalty be imposed for a repeat F-level violation that is cited at a survey or any other inspection conducted "pursuant to State or federal law or regulation."

The Health Care Facilities Planning Act (N.J.S.A. 26:2H-1 et seq.) (the Act) provides a statutory scheme designed to ensure that all health care facilities are of the highest quality. Pursuant to the Act and N.J.A.C. 8:43E-1.1 et seq., General Licensure Procedures and Standards Applicable to All Licensed Facilities, the Commissioner of Health is authorized to inspect all health care facilities and to enforce the Standards for Licensure of Long-Term Care Facilities set forth at N.J.A.C. 8:391.1 et seq.

LICENSURE VIOLATIONS:

Based on the survey conducted by Department staff on March 11, 2025, the facility failed to comply with N.J.S.A. 30:13-18 (P.L. 2020. C. 112). N.J.S.A. 30:13-18 establishes minimum staffing requirements for nursing homes. N.J.S.A. 30:13-18 requires nursing homes to maintain the following minimum direct care staff -to-resident ratios: (1) one certified nurse aide (CNA) to every eight residents for the day shift; (2) one direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each staff member shall be signed in to work as a CNA and shall perform CNA duties; and (3) one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform certified nurse aide duties.

As a result of the above-referenced survey, on April 29, 2025, the Department issued a notice of assessment of penalties assessing a total civil monetary penalty of $14,000.

Following the issuance of the April 29, 2025, notice of assessment, based on the survey conducted by Department staff on May 2, 2025, the facility again failed to comply with N.J.S.A. 30:1318. The Department has determined that the staffing violations substantiated on May 2, 2025 survey were F-level or higher deficiencies. The facility's failure to comply with N.J.S.A. 30:13-18 at these surveys were F-level deficiencies because the violations were widespread and

resulted in no actual harm with the potential for more than minimal harm that is not immediate jeopardy. 42 C.F.R. 488.404 (b) sets forth criteria for determining the seriousness of federal deficiencies. An F-level deficiency is a deficiency that results in no actual harm with a potential for more than minimal harm that is not immediate jeopardy, and the deficiency is widespread. 42 C.F.R. 488.404 (b) (1) (ii) and (2) (iii) and Nursing Home Compare Technical Users' Guide (cms.gov), p. 6 (April 2026 Edition).

The facility's violations of N.J.S.A. 30:13-18 were widespread because the May 2, 2025, survey substantiated that the facility failed to comply with the nurse staffing requirements on five different days (5 of 14-day shifts). During this survey, the Survey staff reviewed the Nurse Staffing Reports completed by the facility for various weeks, which revealed staff-to-resident ratios that did not meet the minimum requirements. In addition to being widespread, these staffing violations also had the potential for more than minimal harm to residents throughout the facility. Therefore, these violations of State law meet the federal criteria for F-level violations at 42 C.F.R. 488.404 (b) (1) (ii) and (2) (iii). The facts supporting these deficiencies are set forth in the survey dated May 2, 2025, which are incorporated herein by reference. The facility's violations were repeat violations of deficiencies cited on the March 11, 2025 survey, which were within the prior three years of the May 2, 2025 survey.

MONETARY PENALTIES:

N.J.A.C. 8:43E-3.4(a)8 allows the Department to impose a monetary penalty of $1,000 per violation for each day noncompliance is found for multiple deficiencies related to patient care or physical plant standards throughout a facility, and/or where such violations represent a direct risk that a patient's physical or mental health will be compromised, or where an actual violation of a resident's or patient's rights is found. This regulation was the basis for the penalty imposed in the April 29, 2025 notice of assessment. Pursuant to N.J.S.A. 26:2H-46.1, however, a facility "shall be subject to a penalty that shall be more severe than the penalty imposed for the previous violation."

In accordance with N.J.S.A. 26:2H-46.1, the Department is imposing an increased penalty of $1,500 for each day for which noncompliance was found (i.e., $500 more per day than the previously imposed penalty). The total revised penalty assessed for the violations on the May 2, 2025 survey (or the days the facility was not in compliance) is **$7,500 (5 days x $1,500).**

The total amount of this penalty is required to be paid within 30 days of receipt of this letter by certified check or money order made payable to the "Treasurer of the State of New Jersey" and forwarded to Office of Program Compliance, New Jersey Department of Health, P.O. Box

358, Trenton, New Jersey 08625-0358, Attention: Lisa King. On all future correspondence related to this Notice, please refer to Control X26301.

INFORMAL DISPUTE RESOLUTION (IDR):

N.J.A.C. 8:43E-2.3 provides facilities the option to challenge factual survey findings by requesting Informal Dispute Resolution with Department representatives. Facilities wishing to challenge only the assessment of penalties are not entitled to IDR review, but such facilities may request a formal hearing at the Office of Administrative Law as set forth herein below. Please note that the facility's rights to IDR and administrative hearings are not mutually exclusive and both may be invoked simultaneously. IDR requests **must be made in writing within ten (10) business days from receipt of this letter** and must state whether the facility opts for a telephone conference or review of facility documentation only. The request must include an original and ten (10) copies of the following:

1. The written survey findings;

2. A list of each specific deficiency the facility is contesting;

3. A specific explanation of why each contested deficiency should be removed; and

4. Any relevant supporting documentation.

Any supporting documentation or other papers submitted later than 10 business days prior to the scheduled IDR may not be considered at the discretion of the IDR panel.

Send the above-referenced information to:

Nadine Jackman
Office of Program Compliance
New Jersey Department of Health
P.O. Box 358
Trenton, New Jersey 08625-0358

The IDR review will be conducted by professional Department staff who do not participate in the survey process. **Requesting IDR does not delay the imposition of any enforcement remedies.**

If IDR was offered and requested by your facility for the corresponding federal deficiency that was cited at the same survey and your facility requests another IDR for the corresponding State deficiency cited at the same survey and arising from the same set of facts, the Department will either consolidate the IDRs or treat the first IDR decision as binding. The Department does not

offer a second IDR for the same set of disputed facts that were challenged in a prior IDR offered by the Department.

FORMAL HEARING:

The facility is entitled to contest the assessment of penalties pursuant to N.J.S.A. 26:2H-13 by requesting a formal hearing at the Office of Administrative Law (OAL). Because the facility requested a hearing on the original notice of assessment, it is not necessary for the facility to request another hearing, and the Department will forward the notice to its counsel for inclusion in the record of the pending appeal, and this will now be the controlling Notice of Assessment for purposes of the OAL appeal subject to the OAL's approval.

Thank you for your attention to this important matter and for your anticipated cooperation. If you have any questions regarding this Notice of Assessment, please contact Nadine Jackman, Office of Program Compliance, at Nadine.Jackman@doh.nj.gov

Sincerely,

Lisa King, Program Manager
Office of Program Compliance
Division of Certificate of Need and Licensing

LK:RSM:nj
DATE: August 19, 2026
E-MAIL: yberman@ccmercerville.com
REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Control # X26301

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