STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NJNDFH9U	A. BUILDING: _____ B. WING _____	C 12/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EAST BRUNSWICK	599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES. THE FACILITY MUST SUBMIT A PLAN OF CORRECTION, INCLUDING A COMPLETION DATE, FOR EACH DEFICIENCY AND ENSURE THAT THE PLAN IS IMPLEMENTED. FAILURE TO CORRECT DEFICIENCIES MAY RESULT IN ENFORCEMENT ACTION IN ACCORDANCE WITH THE PROVISIONS OF THE NEW JERSEY ADMINISTRATIVE CODE, TITLE 8, CHAPTER 43E, ENFORCEMENT OF LICENSURE REGULATIONS.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey	S 560	1. The facility leadership team has met on an ongoing basis to continue to identify staffing challenges and areas of improvement for licensed and certifed staffing needs. 2. All pateints have the potential to be affected by the same deficient practice. 3. A market analysis was conducted and the center will implement a rate adjustment for license and certified nursing staff.	12/30/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/20/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NJNDFH9U	A. BUILDING: _____ B. WING _____	C 12/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EAST BRUNSWICK	599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 1 Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. 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 direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and 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 CNA duties. 1. For the 2 weeks of Complaint staffing from 02/06/2022 to 02/19/2022, the facility was deficient in CNA staffing for residents on 6 of 14 day shifts as follows: -02/06/22 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs. -02/07/22 had 11 CNAs for 106 residents on the day shift, required at least 13 CNAs. -02/08/22 had 11 CNAs for 106 residents on the day shift, required at least 13 CNAs. -02/09/22 had 12 CNAs for 102 residents on the day shift, required at least 13 CNAs. -02/14/22 had 10 CNAs for 99 residents on the day shift, required at least 12 CNAs. -02/17/22 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs.	S 560	The facility has implementd an incentive program including sign on bonuses and referral bonuses for employees referring staff where appropriate. The facility continues to conduct job fairs, internally and externally with immediate interviews and contingency offers. The next job fair will be on January 25, 2024. The facility implemented an expediated and robust onboarding process for new hires. The facility will use agency staff as needed to meet staffing needs. The facility will continue to offer free attendance at their Certified Nursing Assistant training program offered non-stop throughout the year. The facility will utilize social media, employment sites, and recruitment efforts to hire new staff members. Facility will continue to admit new patients due to the high demand needs of the hospital and community during this spike in respiratory illness occurring. Facility will continue to use all hands appraoch with both clinical and non-clinical team to assist with patient. Facility will also use physical and occupational therapy to assist with morning activity of daily living. 4. The Director of Nursing and/or designee meets with the staffing coordinator daily to review facility census,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NJNDFH9U	A. BUILDING: _____ B. WING _____	C 12/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EAST BRUNSWICK	599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 2 2. For the 2 weeks of Complaint staffing from 08/07/2022 to 08/20/2022, the facility was deficient in CNA staffing for residents on 8 of 14 day shifts as follows: -08/07/22 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs. -08/08/22 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs. -08/12/22 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs. -08/13/22 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs. -08/14/22 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs. -08/15/22 had 10 CNAs for 99 residents on the day shift, required at least 12 CNAs. -08/18/22 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs. -08/20/22 had 10 CNAs for 102 residents on the day shift, required at least 13 CNAs. 3. For the 2 weeks of Complaint staffing from 10/02/2022 to 10/15/2022, the facility was deficient in CNA staffing for residents on 11 of 14 day shifts as follows: -10/02/22 had 11 CNAs for 94 residents on the day shift, required at least 12 CNAs. -10/04/22 had 10 CNAs for 94 residents on the day shift, required at least 12 CNAs. -10/05/22 had 9 CNAs for 94 residents on the day shift, required at least 12 CNAs. -10/06/22 had 11 CNAs for 93 residents on the day shift, required at least 12 CNAs. -10/08/22 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs. -10/09/22 had 9 CNAs for 92 residents on the day	S 560	call outs if any, and staffing needs. The Director of Nursing and/or designee will monitor call outs and staffing ratios weekly until requirement is met. The results of the audits will be forwarded to the facility Administrator weekly and will review at our quarterly Quality Assurance Performance Improvement Committee for further review and recommendations as needed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NJNDFH9U	A. BUILDING: _____ B. WING _____	C 12/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EAST BRUNSWICK	599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 3 shift, required at least 11 CNAs. -10/10/22 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs. -10/11/22 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs. -10/12/22 had 9 CNAs for 92 residents on the day shift, required at least 11 CNAs. -10/14/22 had 10 CNAs for 94 residents on the day shift, required at least 12 CNAs. -10/15/22 had 7 CNAs for 94 residents on the day shift, required at least 12 CNAs. 4. For the 2 weeks of Complaint staffing from 04/02/2023 to 04/15/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -04/02/23 had 8 CNAs for 112 residents on the day shift, required at least 14 CNAs. -04/03/23 had 8 CNAs for 112 residents on the day shift, required at least 14 CNAs. -04/04/23 had 10 CNAs for 112 residents on the day shift, required at least 14 CNAs. -04/05/23 had 8 CNAs for 112 residents on the day shift, required at least 14 CNAs -04/06/23 had 9 CNAs for 112 residents on the day shift, required at least 14 CNAs. -04/07/23 had 8 CNAs for 115 residents on the day shift, required at least 14 CNAs. -04/08/23 had 9 CNAs for 113 residents on the day shift, required at least 14 CNAs. -04/09/23 had 10 CNAs for 110 residents on the day shift, required at least 14 CNAs. -04/10/23 had 9 CNAs for 110 residents on the day shift, required at least 14 CNAs. -04/11/23 had 9 CNAs for 107 residents on the day shift, required at least 13 CNAs. -04/12/23 had 10 CNAs for 103 residents on the day shift, required at least 13 CNAs.	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NJNDFH9U	A. BUILDING: _____ B. WING _____	C 12/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EAST BRUNSWICK	599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 4 -04/13/23 had 9 CNAs for 103 residents on the day shift, required at least 13 CNAs. -04/14/23 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs. -04/15/23 had 11 CNAs for 102 residents on the day shift, required at least 13 CNAs. 5. For the 3 weeks of Complaint staffing from 05/07/2023 to 05/27/2023, the facility was deficient in CNA staffing for residents on 21 of 21 day shifts as follows: -05/07/23 had 8 CNAs for 115 residents on the day shift, required at least 14 CNAs. -05/08/23 had 7 CNAs for 115 residents on the day shift, required at least 14 CNAs. -05/09/23 had 10 CNAs for 114 residents on the day shift, required at least 14 CNAs. -05/10/23 had 9 CNAs for 114 residents on the day shift, required at least 14 CNAs. -05/11/23 had 10 CNAs for 114 residents on the day shift, required at least 14 CNAs. -05/12/23 had 10 CNAs for 114 residents on the day shift, required at least 14 CNAs. -05/13/23 had 8 CNAs for 116 residents on the day shift, required at least 14 CNAs. -05/14/23 had 8 CNAs for 116 residents on the day shift, required at least 14 CNAs. -05/15/23 had 9 CNAs for 115 residents on the day shift, required at least 14 CNAs. -05/16/23 had 10 CNAs for 115 residents on the day shift, required at least 14 CNAs. -05/17/23 had 9 CNAs for 115 residents on the day shift, required at least 14 CNAs. -05/18/23 had 11 CNAs for 115 residents on the day shift, required at least 14 CNAs. -05/19/23 had 8 CNAs for 120 residents on the day shift, required at least 15 CNAs. -05/20/23 had 8 CNAs for 120 residents on the	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NJNDFH9U	A. BUILDING: _____ B. WING _____	C 12/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EAST BRUNSWICK	599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 5 day shift, required at least 15 CNAs. -05/21/23 had 9 CNAs for 120 residents on the day shift, required at least 15 CNAs. -05/22/23 had 8 CNAs for 119 residents on the day shift, required at least 15 CNAs. -05/23/23 had 11 CNAs for 119 residents on the day shift, required at least 15 CNAs. -05/24/23 had 9 CNAs for 115 residents on the day shift, required at least 14 CNAs. -05/25/23 had 10 CNAs for 115 residents on the day shift, required at least 14 CNAs. -05/26/23 had 8 CNAs for 115 residents on the day shift, required at least 14 CNAs. -05/27/23 had 8 CNAs for 115 residents on the day shift, required at least 14 CNAs. 6. For the 3 weeks of Complaint staffing from 06/11/2023 to 07/01/2023, the facility was deficient in CNA staffing for residents on 21 of 21 day shift, deficient in total staff for residents on 1 of 21 evening shifts, deficient in CNAs to total staff on 1 of 21 evening shifts, and deficient in total staff for residents on 1 of 21 overnight shifts as follows: -06/11/23 had 7 CNAs for 109 residents on the day shift, required at least 14 CNAs. -06/11/23 had 7 total staff for 109 residents on the overnight shift, required at least 8 total staff. -06/12/23 had 11 CNAs for 108 residents on the day shift, required at least 13 CNAs. -06/13/23 had 11 CNAs for 108 residents on the day shift, required at least 13 CNAs. -06/14/23 had 11 CNAs for 105 residents on the day shift, required at least 13 CNAs. -06/15/23 had 10 CNAs for 105 residents on the day shift, required at least 13 CNAs. -06/16/23 had 9 CNAs for 105 residents on the day shift, required at least 13 CNAs.	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NJNDFH9U	A. BUILDING: _____ B. WING _____	C 12/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EAST BRUNSWICK	599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 6 -06/17/23 had 9 CNAs for 105 residents on the day shift, required at least 13 CNAs. -06/18/23 had 8 CNAs for 106 residents on the day shift, required at least 13 CNAs. -06/19/23 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs. -06/20/23 had 9 CNAs for 106 residents on the day shift, required at least 13 CNAs. -06/21/23 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs. -06/22/23 had 9 CNAs for 101 residents on the day shift, required at least 13 CNAs. -06/23/23 had 9 CNAs for 101 residents on the day shift, required at least 13 CNAs. -06/24/23 had 8 CNAs for 101 residents on the day shift, required at least 13 CNAs. -06/25/23 had 8 CNAs for 101 residents on the day shift, required at least 13 CNAs. -06/26/23 had 11 CNAs for 107 residents on the day shift, required at least 13 CNAs. -06/27/23 had 11 CNAs for 107 residents on the day shift, required at least 13 CNAs. -06/28/23 had 12 CNAs for 107 residents on the day shift, required at least 13 CNAs. -06/28/23 had 10 total staff for 107 residents on the evening shift, required at least 11 total staff. -06/28/23 had 3 CNAs to 10 total staff on the evening shift, required at least 5 CNAs. -06/29/23 had 10 CNAs for 109 residents on the day shift, required at least 14 CNAs. -06/30/23 had 6 CNAs for 108 residents on the day shift, required at least 13 CNAs. -07/01/23 had 8 CNAs for 108 residents on the day shift, required at least 13 CNAs. 7. For the 2 weeks of staffing prior to survey from 11/12/2023 to 11/25/2023, the facility was deficient in CNA staffing for residents on 14 of 14	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NJNDFH9U	A. BUILDING: _____ B. WING _____	C 12/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EAST BRUNSWICK	599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 7 day shifts as follows: -11/12/23 had 8 CNAs for 106 residents on the day shift, required at least 13 CNAs. -11/13/23 had 9 CNAs for 105 residents on the day shift, required at least 13 CNAs. -11/14/23 had 11 CNAs for 104 residents on the day shift, required at least 13 CNAs. -11/15/23 had 9 CNAs for 104 residents on the day shift, required at least 13 CNAs. -11/16/23 had 9 CNAs for 104 residents on the day shift, required at least 13 CNAs. -11/17/23 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs. -11/18/23 had 9 CNAs for 102 residents on the day shift, required at least 13 CNAs. -11/19/23 had 8 CNAs for 101 residents on the day shift, required at least 13 CNAs. -11/20/23 had 8 CNAs for 100 residents on the day shift, required at least 12 CNAs. -11/21/23 had 10 CNAs for 99 residents on the day shift, required at least 12 CNAs. -11/22/23 had 11 CNAs for 99 residents on the day shift, required at least 12 CNAs. -11/23/23 had 7 CNAs for 98 residents on the day shift, required at least 12 CNAs. -11/24/23 had 11 CNAs for 96 residents on the day shift, required at least 12 CNAs. -11/25/23 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs.	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315472	A. BUILDING _____ B. WING _____	C 12/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EAST BRUNSWICK	**599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A Recertification and Complaint Survey was conducted on behalf of the New Jersey Department of Health. Complaint #: NJ157076, NJ158506, NJ163302, NJ164079, NJ164332, NJ164990, NJ165066, and NJ169405. Survey Dates: 11/28/23 to 12/01/23 Survey Census: 95 Sample Size: 22 Supplemental Residents: 20 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS RECERTIFICATION AND COMPLAINT VISIT.	F 000		
F 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75.	F 607		12/30/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/20/2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315472	A. BUILDING _____ B. WING _____	C 12/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EAST BRUNSWICK	599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 607	Continued From page 1 §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. §483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act. §483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act. This REQUIREMENT is not met as evidenced by: Based on record review, interview, review of facility grievances, and review of facility policy, the facility failed to implement their abuse policy when they did not identify an allegation of employee to resident abuse, failed to report the allegation in a timely manner, and failed to thoroughly investigate the allegation for one (Resident (R)48) of one residents reviewed for abuse allegations of 22 sampled residents. Findings include: Review of the facility policy titled "Abuse Reporting and Investigation" dated July 2017 indicates that "all reports of resident abuse, neglect, exploitation, misappropriation of property, mistreatment and or injuries of unknown source shall be promptly reported to local, state and federal agencies and thoroughly investigated by the facility management." The facility administrator is to suspend immediately all alleged perpetrators. Review of the electronic medical record (EMR)	F 607	1. Certified Nursing Assistant was suspending pending investigation on Novemeber 30, 2023. Interviews were conducted with all alert and oriented patients and staff members on November 30, 2023. Investigation was re-initiated and reported to New Jersey Department of Health and New Jersey Long Term Care Ombudsman on November 30, 2023. 2. ALl patients have the potential to be affected by the same deficient practice. 3. All staff will be in-serviced by Director of Nursing and/or a designee on the abuse and neglect policy monthly for three months and than quarterly afterwards. 4. All staff will be in-serviced by Director of Nursing and/or a designee on the abuse and neglect policy monthly for three	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315472	A. BUILDING _____ B. WING _____	C 12/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EAST BRUNSWICK	599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 607	Continued From page 2 revealed R48 was admitted to the facility on NJ EX Order. 264b1 and discharged on NJ EX Order. 264b1 Review of the admission "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ EX Order. 264b1 from the "MDS" tab of the EMR revealed a "Brief Interview for Mental Status (BIMS)" score of NJ EX Order. 264b1 indicating NJ EX Or was NJ EX Order. 264b1 Review of the facility grievance file provided by the Administrator in a binder labeled "Grievances 2023" under the NJ EX Order. 264b1 tab revealed a "Concern Form" dated NJ EX Order. 264b1 completed by Licensed Practical Nurse (LPN)2 revealed the category a documentation of concern dated NJ EX Order. 264b1 revealed R48 stated that assigned Certified Nursing Assistant (CNA) 1 was rough with NJ EX Or during care. Assigned CNA had not provided care at that time. On the same form section three titled, "Documentation of Facility Follow-up" indicated "CNA1 was removed from assignment." The final category or "Resolution of Concern" indicated "CNA1 was removed from assignment." The resident statement taken by the Occupational Therapist dated NJ EX Order. 264b1 at 12:30 PM indicated, during OT (Occupational Therapy) session in patient's [R48] room, patient verbalized a complaint about NJ EX O CNA working with NJ EX Order. 264b1 stated that one time, she pulled the bed sheets over, and her legs were inside the sheets, and it hurt NJ EX Order. 264b1 NJ EX Order. 264b1 or NJ EX Order. 264b1 . Another instance during NJ EX r care, NJ EX hospital gown was still tied in the back around NJ EX Order. 264b1 and the CNA pulled it and it hurt NJ EX Order. 264b1 . Patient claims the CNA is mean to NJ EX r and very rough." During an interview with the Director of Nursing	F 607	months and than quarterly afterwards. Administrator and/or designee will report and investigate thoroughly any allegation of abuse when reported by any employee or patient. Director of Social Service and/or designee will log all allegation of abuse in greviance log. All greviances will be reviewed monthly by Administrator/Director of Nursing and will be reviewed at our quarterly Quality Assurance Performance Improvement Meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315472	A. BUILDING _____ B. WING _____	C 12/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EAST BRUNSWICK	599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 607	Continued From page 3 (DON) and the Administrator on 11/30/23 at 10:00 AM, the DON said they did not see the report of concern as abuse. The Administrator revealed he was the abuse coordinator and responsible for making reports of abuse to the State Survey Agency (SSA). He confirmed the policy was not implemented as the allegation of abuse was not reported to the SSA in a timely manner, was not fully investigated, and CNA1 continued to work in the facility after the concern was reported on 11/07/23. NJAC 8:39-4.1(a)(5) NJAC 8:39-13.4(c)(i-vi)	F 607		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.	F 609		12/30/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315472	A. BUILDING _____ B. WING _____	C 12/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EAST BRUNSWICK	599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 4 §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review, interview, review of grievance files, and facility policy review, the facility failed to ensure that an allegation of employee to resident abuse was reported immediately (within two hours) to the state survey agency (SSA) for one (Resident (R)48) of one resident reviewed for abuse of 22 sampled residents. Findings include: Review of the facility policy titled "Abuse Prevention Program" edited on 04/04/18 read in pertinent part, "Policy Statement" All reports of resident abuse, neglect, exploitation, misappropriation of property, mistreatment and or injuries of unknown source shall be promptly reported to local, state, and federal agencies and thoroughly investigated by the facility management. An alleged violation of abuse will be reported immediately but not later than: two (2) hours if the alleged violation involves abuse OR has resulted in serious bodily injury." Review of the electronic medical record (EMR) under the "Profile" tab revealed R48 was admitted to the facility on [redacted] and discharged on [redacted] Review of the admission "Minimum Data Set	F 609	1. Certified Nursing Assistant was suspending pending investigation on Novemeber 30, 2023. Interviews were conducted with all alert and oriented patients and staff members on November 30, 2023. Investigation was re-initiated and reported to New Jersey Department of Health and New Jersey Long Term Care Ombudsman on November 30, 2023. 2. ALl patients have the potential to be affected by the same deficient practice. 3. All staff will be in-serviced by Director of Nursing and/or a designee on the abuse and neglect policy monthly for three months and than quarterly afterwards. Suspended Certified Nursing Assistant returned to work and was given one on one in-service on December 5, 2023 by Director of Nursing. 4. All staff will be in-serviced by Director of Nursing and/or a designee on the abuse and neglect policy monthly for three months and than quarterly afterwards.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315472	A. BUILDING _____ B. WING _____	C 12/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EAST BRUNSWICK	599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 5 (MDS)" with an Assessment Reference Date (ARD) of [redacted] from the "MDS" tab of the EMR revealed a "Brief Interview for Mental Status (BIMS)" score of [redacted] indicating [redacted] was [redacted]. Review of the facility grievance file provided by the Administrator in a binder labeled "Grievances 2023" under the [redacted] tab revealed a "Concern Form" dated [redacted] completed by Licensed Practical Nurse (LPN)2 revealed the category of a documentation of concern dated [redacted] revealed R48 stated that assigned Certified Nursing Assistant (CNA) 1 was rough with [redacted]r during care. Assigned CNA had not provided care at that time. On the same form section three titled, "Documentation of Facility Follow-up" indicated "CNA was removed from assignment." The final category or "Resolution of Concern" indicated "CNA was removed from assignment." The resident statement taken by the Occupational Therapist dated [redacted] at 12:30 PM indicated, during OT (Occupational Therapy) session in patient's [R48] room, patient verbalized complaint about [redacted] CNA working with [redacted] stated that one time, she pulled the bed sheets over and [redacted] were inside the sheets, and it hurt [redacted]] or [redacted] Another instance during [redacted] care, [redacted] hospital gown was still tied in the back around [redacted] and the CNA pulled it and it hurt [redacted]. Patient claims the CNA is mean to [redacted]r and very rough." Review of the forms titled "7-3 Daily Assignment Sheet (5)" dated [redacted] provided by the Director of Nursing (DON) revealed CNA1 was assigned to R48 on day shift. On [redacted] the "7-3 Daily Assignment Sheet (4)" revealed CNA1	F 609	Administrator and/or designee will report any allegation of abuse when reported by any employee or patient immediately to New Jerssey Department of Health and New Jersey Long Term Care Ombudsman. Director of Social Service and/or designee will log all allegation of abuse in greviance log. All greviances will be reviewed monthly by Administrator/Director of Nursing and will be reviewed at our quarterly Quality Assurance Performance Improvement Meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315472	A. BUILDING _____ B. WING _____	C 12/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EAST BRUNSWICK	**599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 6 was assigned to R48 and then changed to another room on the same unit. Review of the "Investigative Report" provided by the facility revealed the allegation of employee to resident abuse was not sent to the SSA until 11/30/23, however R48 reported the allegation to staff on [redacted] During an interview with the Director of Nursing (DON) and the Administrator on 11/30/23 at 10:00 AM, the DON said they did not see the report of concern as abuse. The Administrator revealed he was the abuse coordinator and responsible for making reports of abuse to the State Survey Agency (SSA). He confirmed R48's allegation of abuse was not reported to the SSA until [redacted] days after the allegation was made. During an interview with CNA1 on 11/30/23 at 10:20 AM she revealed she did not work with R48 the morning of the accusation, however, later indicated that she did take [redacted] off the [redacted] and left room. She also acknowledged that she had worked with [redacted] as a CNA the two days prior to the allegation. She also verified that she was reassigned on [redacted] or after the allegation, however, was not suspended from the facility. Interview with R48 via phone on 11/30/23 at 12:00 PM confirmed CNA1 was always nasty. She took my [redacted] off the pillow, took the sheets and blankets at my [redacted] and twisted them hurting my [redacted]. R48 revealed [redacted] was wearing [redacted] hospital gown with a tie at the neck and CNA1 pulled the gown down on [redacted]. R48 revealed [redacted] told CNA1 [redacted] didn't want her in [redacted] room. R48 alleged that CNA1 knocked the phone out of [redacted] to the floor while [redacted] trying to call	F 609		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315472	A. BUILDING _____ B. WING _____	C 12/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EAST BRUNSWICK	599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 7 for help. She hurt [redacted], and it hurts now more than it did before. R48 revealed she [redacted] report the incident to facility staff on [redacted] NJAC 8:39-9.4(f)	F 609		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review, interview, review of grievance files, and facility policy review, the facility failed to ensure that an allegation of staff to resident abuse was thoroughly investigated in a timely manner for one (Resident (R)48) of one resident reviewed for abuse of 22 sampled residents. Findings include:	F 610	1. Certified Nursing Assistant was suspending pending investigation on Novemeber 30, 2023. Interviews were conducted with all alert and oriented patients and staff members on November 30, 2023. Investigation was re-initiated and reported to New Jersey Department of Health and	12/30/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315472	A. BUILDING _____ B. WING _____	C 12/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EAST BRUNSWICK	599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 610	Continued From page 8 Review of the facility policy titled "Abuse Prevention Program" edited on 04/04/18 read in pertinent part, "Policy Statement" All reports of resident abuse, neglect, exploitation, misappropriation of property, mistreatment and or injuries of unknown source shall be promptly reported to local, state, and federal agencies and thoroughly investigated by the facility management. Role of the investigator: The individual conducting the investigation will, at a minimum; interview the person(s) reporting the incident; interview any witnesses to the incident; interview the resident (as medically appropriate); interview the roommate; interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident; interview other residents to whom the accused employee provides care or services; and review all events leading up to the alleged incident. Review of the electronic medical record (EMR) under the "Profile" tab revealed R48 was admitted to the facility on NJ EX Order. 264b1 and discharged on NJ EX Order. 264b1. Review of the admission "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ EX Order. 264b1 from the "MDS" tab of the EMR revealed a "Brief Interview for Mental Status (BIMS)" score of NJ EX Order. 264b1 indicating she was NJ EX Order. 264b1. Review of the facility grievance file provided by the Administrator in a binder labeled "Grievances 2023" under the NJ EX Order. 264b1 tab revealed a "Concern Form" dated NJ EX Order. 264b1 completed by Licensed Practical Nurse (LPN)2 revealed the category a documentation of concern dated NJ EX Order. 264b1 revealed R48 stated that assigned	F 610	New Jersey Long Term Care Ombudsman on NJ EX Order. 264b1 2. All patients have the potential to be affected by the same deficient practice. 3. All staff will be in-serviced by Director of Nursing and/or a designee on the abuse and neglect policy monthly for three months and than quarterly afterwards. Suspended Certified Nursing Assistant returned to work and was given one on one in-service on December 5, 2023 by Director of Nursing. 4. All staff will be in-serviced by Director of Nursing and/or a designee on the abuse and neglect policy monthly for three months and than quarterly afterwards. Administrator and/or designee will investigate thoroughly any allegation of abuse when reported by any employee or patient. Director of Social Service and/or designee will log all allegation of abuse in greviance log. All greviances will be reviewed monthly by Administrator/Director of Nursing and will be reviewed at our quarterly Quality Assurance Performance Improvement Meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315472	A. BUILDING _____ B. WING _____	C 12/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EAST BRUNSWICK	599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 610	Continued From page 9	F 610		

Certified Nursing Assistant (CNA) 1 was rough with [redacted] during care. Assigned CNA had not provided care at that time. On the same form section three titled, "Documentation of Facility Follow-up" indicated "CNA was removed from assignment." The final category or "Resolution of Concern" indicated "CNA was removed from assignment." CNA1's statement indicated "on [redacted] the nurse notified me and told me that the pt (patient) complained about the care that was given to [redacted]r. At that time, I haven't given the pt (patient) any type of care." LPN2's statement included "On [redacted] the Physical Therapist (actually the Occupational Therapist) came to me and brought some concerns regarding care of R48. At the time, the CNA had not provided care as of yet." The resident statement taken by the Occupational Therapist dated [redacted]3 at 12:30 PM indicated, during OT (Occupational Therapy) session in patient's [R48] room, patient verbalized complaint about [redacted] CNA working with [redacted] . [redacted] stated that one time, [redacted] pulled the bed sheets over and [redacted] were inside the sheets, and it hurt [redacted]] or [redacted]]. Another instance during [redacted] care, [redacted] hospital gown was still tied in the back around [redacted] and the CNA pulled it and it hurt [redacted]. Patient claims the CNA is mean to [redacted] and very rough."

Review of the forms titled "7-3 Daily Assignment Sheet (5)" dated [redacted] provided by the Director of Nursing (DON) revealed CNA1 was assigned to R48 on day shift. On [redacted] the "7-3 Daily Assignment Sheet (4)" describes CNA1 assigned to R48 and then changed to another room on the same unit.

Review of the facility "Investigation" provided by

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315472	A. BUILDING _____ B. WING _____	C 12/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EAST BRUNSWICK	**599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 610	Continued From page 10	F 610		

the facility of the "Concern" reported regarding the allegation of employee to resident abuse on [redacted] failed to include interviews with residents on the unit that were being cared for by CNA1 on the day in question and preceding days, and failed to document such interviews, and failed to interview staff on the unit and document to determine if they were aware of any incidents between CNA1 and R48, or any other residents.

Interview with the Director of Nursing (DON) and Administrator on 1[redacted] at 10:00 AM revealed we did not see this as abuse as R48 is unreliable and CNA1 indicated she was not in the room at the time of the allegation. The Administrator confirmed the resident was unreliable, and staff were not in the room. They both confirmed the internal investigation was completed as a "Concern" and was not thorough and lacked interviews from other residents who had been cared for by CNA1, and failed to interview staff on the unit to determine if they had knowledge of any incidents between CNA1 and R48.

There was nothing noted in R48's "Care Plan" related to her being "unreliable."

Interview with CNA1 on 11/30/23 at 10:20 AM revealed she did not work with R48 the morning of the accusation, however, later indicated that she did take [redacted] off the [redacted] that day and left room. She also acknowledged that she had worked with [redacted] as a CNA the two days prior to the allegation. She also verified that she was reassigned on [redacted] or after the allegation, however, was not suspended from the facility.

A further interview with the DON 11/30/23 at 11:00 AM revealed that CNA1 has now been

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315472	A. BUILDING _____ B. WING _____	C 12/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EAST BRUNSWICK	**599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 610	Continued From page 11	F 610		

suspended. The DON confirmed R48 did not have a "Care Plan" related to being "unreliable."

Interview with R48 via phone call on 11/30/23 at 12:00 PM confirmed CNA1 was always nasty. She took NJ EX Order. 264 on the pillow, took the sheets and blankets at NJ EX Order. 264, and twisted them hurting NJ EX Order. 264b1. R48 revealed NJ EX Or was wearing NJ EX hospital gown with a tie at the NJ EX Order and CNA1 pulled the gown down on NJ EX Order. 264b1. R48 revealed NJ EX Or told CNA1 NJ EX Or didn't want her in NJ EX room. R48 alleged that CNA1 knocked the phone out of NJ EX Order. 264b1 to the floor while she was trying to call for help. She hurt NJ EX Order. 264, and it hurts now more than it did before. R48 revealed NJ EX Or did report the incident to facility staff on NJ EX Order. 264b2.

NJAC 8:39-4.1(a)5
NJAC 8:39-9.4(f)
NJAC 8:39-27.1(a)

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
NJNDFH9U		1/9/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EAST BRUNSWICK	599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 12/30/2023	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
12/1/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
NJNDFH9U		1/9/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EAST BRUNSWICK	599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM (Y4)	DATE (Y5)	ITEM (Y4)	DATE (Y5)	ITEM (Y4)	DATE (Y5)
ID Prefix S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 12/30/2023	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
12/1/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315472	A. Building B. Wing	1/9/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EAST BRUNSWICK	599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0607 Reg. # 483.12(b)(1)-(5)(ii)(iii) LSC	Correction Completed 12/30/2023	ID Prefix F0609 Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4) LSC	Correction Completed 12/30/2023	ID Prefix F0610 Reg. # 483.12(c)(2)-(4) LSC	Correction Completed 12/30/2023
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
12/1/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315472	A. Building B. Wing	1/9/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT EAST BRUNSWICK	599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0607 Reg. # 483.12(b)(1)-(5)(ii)(iii) LSC	Correction Completed 12/30/2023	ID Prefix F0609 Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4) LSC	Correction Completed 12/30/2023	ID Prefix F0610 Reg. # 483.12(c)(2)-(4) LSC	Correction Completed 12/30/2023
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
12/1/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO