| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315485 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 09/09/2025 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **CareOne At Wall** | **2621 HIGHWAY 138 , WALL, New Jersey, 07719** |

| (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 |
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| F0000 | INITIAL COMMENTS<br><br>Complaint #: 2562752, 2583249, 2586558, 2599266<br><br>Census: 93<br><br>Sample Size: 7<br><br>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey. | F0000 | | 09/17/2025 |

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 reverse for further 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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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 556213 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 09/09/2025 |
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| S0560 | Mandatory Access to Care<br><br>CFR(s): 8:39-5.1(a)<br><br>The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 7 day shifts. The deficient practice was evidenced by the following:<br><br>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 Governor signed into law P.L. 2020 c 112, codified as 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:<br><br>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 of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide 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.<br><br>For the 5 weeks of AAS-11 staffing, the facility was deficient as follows:<br><br>For the week of Complaint staffing from 07/13/2025 to 07/19/2025, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts and deficient in total staff for residents on 1 of 7 overnight shifts as follows: | S0560 | The corrective action for those residents found to have been affected by the deficient practice was accomplished by an immediate review of the daily staffing by the Administrator and Director of Nursing to ensure the minimum direct care staff-to-resident ratios ; (1) one certified nurse aide 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 a certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide 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 certified nurse aide and perform Certified nurse aide duties.<br><br>No residents were adversely affected by this practice.<br><br>2. All residents have the ability to be affected by this deficient practice.<br><br>3. The following measures will be put into place to ensure the deficient practice does not recur:<br><br>On 9/17/2025 the Administrator and Director of Nursing provided education to the staffing coordinator that included but was not limited to the regulations for the CNA staffing: 1:8 for 7-3pm; 1:10 for 3-11pm; 1:14 for the 11-7am shifts.<br><br>The facility has scheduled a job fair for 10/7/2025. The fair will have a focus on hiring both Certified Nursing Assistants as well as non-certified staff who can be enrolled in the Certified Nursing Assistant certification class the Company provides. There will be no cost to the employee to attend this course.<br><br>4. The facility will monitor the corrective action to ensure the deficient practice is being corrected and will not recur with the following: | 10/10/2025 |



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| S0560 | Continued from page 1<br>-07/13/25 had 9 CNAs for 105 residents on the day shift, required at least 13 CNAs.<br><br>-07/14/25 had 10 CNAs for 101 residents on the day shift, required at least 13 CNAs.<br><br>-07/14/25 had 6 total staff for 101 residents on the overnight shift, required at least 7 total staff.<br><br>-07/15/25 had 9 CNAs for 101 residents on the day shift, required at least 13 CNAs.<br><br>-07/16/25 had 10 CNAs for 101 residents on the day shift, required at least 13 CNAs.<br><br>-07/17/25 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs.<br><br>-07/18/25 had 9 CNAs for 101residents on the day shift, required at least 13 CNAs.<br><br>-07/19/25 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs.<br><br>For the 4 weeks of Complaint staffing from 08/03/2025 to 08/30/2025, the facility was deficient in CNA staffing for residents on 26 of 28 residents on the day shift as follows:<br><br>-08/03/25 had 11 CNAs for 100 residents on the day shift, required at least 12 CNAs.<br><br>-08/04/25 had 10 CNAs for 98 residents on the day shift, required at least 12 CNAs.<br><br>-08/05/25 had 11 CNAs for 98 residents on the day shift, required at least 12 CNAs.<br><br>-08/06/25 had 10 CNAs for 97 residents on the day shift, required at least 12 CNAs.<br><br>-08/08/25 had 10 CNAs for 97 residents on the day shift, required at least 12 CNAs.<br><br>-08/09/25 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs.<br><br>-08/10/25 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs.<br><br>-08/11/25 had 11 CNAs for 95 residents on the day shift, required at least 12 CNAs. | S0560 | Continued from page 1<br>The Director of Nursing or designee will review the staffing daily to ensure the Certified Nursing Assistant staffing meets the minimum staff-to-resident ratios.<br><br>This audit will be conducted daily and on an on-going basis.<br><br>The Director of Nursing or designee will report the findings of staff-to-resident ratios to the Administrator and the Quality Assurance Performance Improvement Committee (QAPI) at the monthly meeting on an on-going basis.<br><br>The QAPI committee will review and determine the need for further follow up. | 10/10/2025 |

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| S0560 | Continued from page 2<br>-08/12/25 had 11 CNAs for 95 residents on the day shift, required at least 12 CNAs.<br><br>-08/14/25 had 11 CNAs for 95 residents on the day shift, required at least 12 CNAs.<br><br>-08/15/25 had 11 CNAs for 98 residents on the day shift, required at least 12 CNAs.<br><br>-08/16/25 had 11 CNAs for 98 residents on the day shift, required at least 12 CNAs.<br><br>-08/17/25 had 11 CNAs for 98 residents on the day shift, required at least 12 CNAs.<br><br>-08/18/25 had 9 CNAs for 98 residents on the day shift, required at least 12 CNAs.<br><br>-08/19/25 had 11 CNAs for 101 residents on the day shift, required at least 13 CNAs.<br><br>-08/20/25 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs.<br><br>-08/21/25 had 10 CNAs for 101 residents on the day shift, required at least 13 CNAs.<br><br>-08/22/25 had 10 CNAs for 101 residents on the day shift, required at least 13 CNAs.<br><br>-08/23/25 had 10 CNAs for 103 residents on the day shift, required at least 13 CNAs.<br><br>-08/24/25 had 10 CNAs for 103 residents on the day shift, required at least 13 CNAs.<br><br>-08/25/25 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs.<br><br>-08/26/25 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs.<br><br>-08/27/25 had 10 CNAs for 103 residents on the day shift, required at least 13 CNAs.<br><br>-08/28/25 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs.<br><br>-08/29/25 had 10 CNAs for 101 residents on the day shift, required at least 13 CNAs.<br><br>-08/30/25 had 10 CNAs for 100 residents on the day shift, required at least 12 CNAs. | S0560 | | 10/10/2025 |

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| F0000 | INITIAL COMMENTS<br><br>An offsite/desk review of the facility's Plan of Correction was conducted on 11/14/25 in relation to the 9/9/25 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. | F0000 | | |

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 reverse for further 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.

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