STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315369	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT VALLEY	**300 OLD HOOK ROAD , WESTWOOD, New Jersey, 07675**

(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
F0000	INITIAL COMMENTS Complaint #: 2988251, 2655771 Census: 88 Sample Size: 4 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 COMPLAINT SURVEY.	F0000		05/11/2026
F0689 SS = D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, medical record review, and review of other pertinent facility documentation on 4/23/26 and 4/24/26, it was determined that the facility failed to provide a safe environment for its residents. The facility failed to ensure that a resident (Resident #2) who was an [NJ Exec Order 26.4b1] risk upon admission, remained in the facility. The facility failed to provide adequate supervision to prevent residents from [NJ Exec Order] from the facility. This deficient practice was identified for 1 of 4 residents reviewed for [NJ Exec Order 26.4b] (Resident #2). A review of the Facility Reportable Event (FRE) submitted to the New Jersey Department of Health (NJDOH) was dated [NJ Exec Order 2] and contained	F0689	How the corrective action will be accomplished for those residents found to have been affected by the deficient practice. On [NJ Exec Order 2] the Director of Nursing (DON) immediately assessed Resident #2 (R2) upon the residents [NJ Exec Orde] to the facility, with [NJ Exec Order 26.4b1] [NJ Exec Order 2]. On 4/16/26, the DON completed a re-assessment of R2 for [NJ Exec Order 26.4b1] risk. A [NJ Exec Order 26.4b1]) device to prevent the automatic NJ Ex Order 26.4(b)(1), was present and functioning and located on R2 [NJ Ex] [NJ Exec Or]. On 4/16/26, the Administrator provided in-service education to the [U.S. FOIA (b)(6)] on the facility's policy titled, "Wandering and Elopements." Education included the "facility will identify residents who are at risk of unsafe wandering and strive to prevent harm while maintaining the lease restrictive environment for the residents." The receptionist verbalized understanding of this policy. Resident #2 had no [NJ Exec Order 26.4b1] related to this practice. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice.	05/22/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315369	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/24/2026

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F0689 SS = D	Continued from page 1 information regarding Resident #2's [NJ Exec Order 26.4b1]. Resident #2 [NJ Exec Orde] from the facility which led the facility initiate a [NJ Exec Order 26.4b1] for a [NJ Exec Order] resident. Resident #2 was [NJ Exec Order] a[NJ Exec Orde] after answering the facility's phone call to them and was [NJ Exec Order 26.4] back to the facility with a staff member from the facility who [NJ Exec O] in Resident #2's [NJ Exec Order] Resident #2 did not suffer any [NJ Exec O] from this [Order 26.4b1]. According to the Admission Record (AR), Resident #2 was admitted to the facility with diagnoses which included but were not limited to: [NJ Exec Order 26.4b1] [redacted] and [NJ Exec Order 26.4b1]. According to the Minimum Data Set (MDS), an assessment tool dated [NJ Exec Order], Resident #2 had a Brief Interview for Mental Status (BIMS) score of [NJ E] out of 15, which indicated the resident's [NJ Exec Order 26.4b] was [NJ Exec Order 26.4b1]. A review of Resident #2's Care Plan (CP) revealed that the CP had been initiated on [NJ Exec Order 26] under "Focus", [NJ Exec Order 26.4b1] risk related to New admission/change of environment [NJ Exec Order 26.4b1] to [NJ Exec Order 26.4b] Under "Interventions", Accompany to meals and scheduled activities, allowed to [NJ Exec O] [NJ Exec Order] and/or [NJ Exec Order 26.4b] as needed, ask family/visitors to notify staff when leaving following patient visit, check for [NJ Exec Order 26.4b] and [NJ Exec Order 26] of [NJ Exec Order 2][NJ Exec Order 26] as indicated, elicit family input into former customary routine which might explain attempts to [NJ Exec Or][NJ Exec Order 26.4b1], engage in activities/tasks to keep [NJ Exec Order 26.4b]. A review of the facility's summary and conclusion for this FRE stated that: An immediate review of surveillance footage by the [U.S. FOIA (b)(6)] and [U.S. FOIA (b)(6)], confirmed that the [NJ Exec Order 26.4b1] alarm system engaged and a manual [NJ Exec O] was entered by the [U.S. FOIA (b)(6)], as no one was in the immediate lobby area when the [U.S. FOIA (b)(6)] disengaged the [NJ Exec Orde] As per review of this event, the resident appeared from [NJ Exec Orde] the [U.S. FOIA (b)(6)] after the [NJ Exec O] was entered and [Exec Orde] through the door. (Resident #2) was dressed in a [NJ Exec Orde] and carrying large envelopes, [NJ Exec Order 26.4b1] as a [NJ Exec Orde]. On 4/23/26 at 9:16 AM, Resident #2 [NJ Exec Order 26] an interview with the surveyor stating that they were eating breakfast and the surveyor was instructed to speak to their roommate until they were done with	F0689	Continued from page 1 All residents who have been assessed as being at risk for elopement have the potential to be affected by this practice. 3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur. On 4/16/26, the Administrator and Director of Nursing (DON) provided in-service to the Registered Nurses (RN's), Licensed Practical Nurses (LPN's), Certified Nursing Assistants (CNA's), Dietary staff, recreation staff, environmental staff and [U.S. FOIA (b)(6)] working the 3-11 pm shift on the facility's policy titled, "Wandering and Elopements." Education included the "facility will identify residents who are at risk of unsafe wandering and strive to prevent harm while maintaining the lease restrictive environment for residents. Staff verbalized understanding of the policy. On 4/16/26, the Environmental Services Director inspected 100% of the alarmed exit doors including the main lobby to ensure the doors ae functioning and activated by a (wander guard) device to prevent automatic opening of alarmed doors. All alarmed exit doors including the main lobby door functioned properly and did not automatically open with the presence of a wander guard. On 4/17/26, the DON and Unit Manager (UM) re-assessed 100% of the residents for elopement risk. There were no additional residents identified as at risk for wandering / elopement. On 4/17/26 and 4/18/26, the Administrator provided in-service education to the staff (LPNs, RNs, CNAs, dietary staff, environmental staff and activity staff) working the 7 am - 3 pm, 3 pm - 11 pm and 11 pm - 7 am shifts on the facility policy titled "Wandering and Elopements." Education including the "facility will identify residents who are at risk of unsafe wandering and strive to prevent harm while maintaining the least restrictive environment for residents. Staff verbalized understanding of the policy. 4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, IE what QA program	05/22/2026

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F0689 SS = D	Continued from page 2 breakfast. On 4/23/26 at 09:24 AM, Resident #2 finished their breakfast and when asked regarding when they [redacted] the facility, Resident #2 stated, "I [redacted] from this place. I couldn't tell you when. I think everyone wants to go [redacted]. You don't have [redacted]. I want to [redacted] and [redacted]. I feel like this is [redacted]. When asked how they [redacted] the facility Resident #2 stated, "I [redacted] and I [redacted] and made sure not to get [redacted] No one [redacted] me. I had to be [redacted] the details". On 4/23/26 at 9:57 AM, the surveyor interviewed a [redacted] from the facility regarding Resident #2 and [redacted]. The [redacted] stated that Resident #2 is a [redacted] who does not need assistance [redacted]. The [redacted] also reported that Resident #2's [redacted] is around the facility so that everyone knows to [redacted] for Resident #2. She further stated [redacted] if she sees Resident #2 [redacted] or activating the [redacted] she will [redacted] with Resident #2 and [redacted] them back towards their room or away from the doors. When asked about the [redacted] system, the [redacted] said that the [redacted] system is very loud and comes from the door themselves. She said that if the resident or the [redacted] that is activating the [redacted] is moved away and 10 seconds pass the [redacted] will turn itself off. The [redacted] said that even if a resident with a [redacted] were to reach the exit doors, the doors would not open. On 4/23/26 at 10:29 AM, the surveyor interviewed a [redacted] from the facility who was familiar with Resident #2. The [redacted] stated that Resident #2 was an [redacted] risk which is why Resident #2 has a [redacted]. She said that Resident #2 [redacted] around the facility a lot and if Resident #2 ends up setting the [redacted] alarm off Resident #2 will [redacted] themselves away from the alarm. The [redacted] also stated that Resident #2's [redacted] is posted at the timeclock for employee as well as the nurses station and throughout the facility so that everyone can keep an [redacted] for Resident #2. The [redacted] revealed that Resident #2 is the only [redacted] risk for the [redacted] of the facility as the other [redacted] risk for the facility resides in the [redacted] center. The [redacted] also stated that [redacted] are checked every shift by the [redacted] who has the resident with the [redacted] in their assignment. When asked how she would respond to a [redacted] the [redacted] replied: If a [redacted] goes off I will look around to see what is causing the [redacted] to go off because	F0689	Continued from page 2 will be put into place to monitor the continued effectiveness of the systemic change. The Director of Nursing (DON) or designee will conduct random audits of 100% of newly admitted residents to ensure elopement risk assessment has been completed and interventions such as wander guard have been implemented. Audits will be conducted daily x 5 days, then weekly x 4 weeks, then monthly x 3 months. The Administrator or designee will conduct random observations of the receptionists working the 7am - 3 pm shift and the 3 pm - 8 pm shift with regards to Wander guard alarm response to the lobby doors. Observations will be conducted daily x 5 days then weekly x 4 weeks then monthly x 3 months. Results of the audits will be provided to the Administrator and Quality Assurance Committee (QAPI) monthly x 3 months. The QAPI committee will review and provide recommendations for further audits if needed. The QAPI committee meets on a monthly basis. Results of the audits will be provided to the Administrator and Quality Assurance Performance Improvement Committee (QAPI) monthly x 3 months. The QAPI committee will review and provide recommendations for further audits if needed.	05/22/2026

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F0689 SS = D	Continued from page 3 anything can happen. We have to make sure we can visualize the patient and make sure the patient is NJ Exec Order 26.4b1. On 4/23/26 at 10:51 AM, the surveyor interviewed a U.S. FOIA (b)(6)) from the facility who was familiar with Resident #2. When asked about Resident #2 the U.S. FO said that Resident #2 likes to NJ Exec Order 2 all over the place which is why they have a NJ Exec Order 26.4b1. The U.S. FO stated that Resident #2 typically doesn't set the NJ Exec Order 26.4b1 alarm frequently and that Resident #2 is frequently NJ Exec Order 26 on to prevent Resident #2 from going towards the front entrance. When asked about what interventions are used when Resident #2 is NJ Exec Order 26.4b, the U.S. FO replied that Resident #2 is NJ Exec Order 26 in conversation for NJ Exec Order 26.4b. When asked about staff members response to a NJ Exec Order 26.4b1 NJ Exec Or the U.S. FO stated that the staff will get up and physically go check to see who is setting the NJ Exec Or off. She further stated that the doors will automatically lock so that the resident can be NJ Exec Order 2 She also stated that if the NJ Exec Order 26.4b1 NJ Exec Or is going off and a resident can't be located a NJ Exec Order 26.4b1 is started and administration and the resident's family are automatically notified. On 4/23/26 at 11:03 AM, the surveyor interviewed the U.S. FOIA (b)(6)). The U.S. FOIA (b)(6 stated that in regards to Resident #2's the U.S. FOIA (b)(6) from the 3pm-11pm shift realized Resident #2 was NJ Exec Order 2 and a NJ Exec Order 26.4b1 was initiated. She stated that being able to locate a resident is important for NJ Exec Or and that there is a NJ Exec Order 26.4b1 so there is potential for a resident to get NJ Exe The U.S. FOIA (b) stated that Resident #2's narrative of the NJ Exec Order 26.4b1 is NJ Exec Order 26.4b1 but that it would not be feasible for Resident #2 to have NJ Exec Order 26.4b1 because Resident #2's NJ Exec Or was NJ Exec Order about NJ Exec Order 26.4b1 NJ Exec O by NJ Exec Order 26.4b1. The U.S. FOI also stated that Resident #2 is aware of their NJ Exec Order 26.4b1 and the NJ Exec Order 26.4b1 and stated that Resident #2 will often t themself away from the NJ Exec O when the NJ Exec Order 26.4b1 NJ Exec Or is activated. When asked if it was policy for the Exec Order 26.4b1 alarm to be manually turned off before the resident causing the NJ Exec Or is located, the U.S. FOIA (b) stated no. On 4/23/26 at 11:26 AM, the surveyor interviewed the U.S. FOIA (b)(6)). The U.S. FOIA stated that if a resident is an NJ Exec Order 26.4b1 risk, the facility will identify that the resident is a NJ Exec Order 26.4 and put interventions in place to prevent NJ Exec Order 26.4b such as a NJ Exec Order 26.4b1 The U.S. FOIA further stated that to her knowledge, when a NJ Exec Order 26.4b1 NJ Exec Or is activated,	F0689		05/22/2026

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F0689 SS = D	Continued from page 4 the [NJ Exec Ord] will not shut off unless it is de-activated. When asked about what staff is supposed to do when a NJ Exec Order 26.4b1 goes off the [U.S. FOIA] replied: If the [NJ Exec Ord] is going off staff are supposed to locate what is causing the [NJ Exec Ord] to go off. You typically search the area and once you locate what is causing the [NJ Exec Ord] to go off you enter the code. On 4/23/26 at 11:46 AM, the surveyor interviewed the [U.S. FOIA (b)(6)] t who was working. The [U.S. FOIA (b)(6)] was questioned as to what she would do if a NJ Exec Order 26.4b1 went off. The [U.S. FOIA (b)(6)] replied: If I hear a NJ Exec Order 26.4b1 going off I look around to see who is setting the alarm off. I type in the code to stop the [NJ Exec Ord] I check outside to see if anyone is outside but this is only if I can't locate who is setting the [NJ Exec Ord] off and then I will inform the U.S. FOIA (b)(6) [U.S. FOIA (b)(6)] and [U.S. FOIA] if I can't locate the resident. I can't leave the front desk. This is how I have been trained since I started here. I am able to text the [U.S. FOIA (b)] and [U.S. FOIA] if they are not in the office immediately. We will also contact maintenance to make sure nothing is faulty with the system. On 4/23/26 at 11:59 AM, the surveyor interviewed the [U.S. FOIA (b)] who summarized Resident #2's [NJ Exec Order 26.4b] and it correlated with the FRE submitted to the NJDOH. The [U.S. FOIA (b)] stated that when Resident #2 NJ Exec Order 26.4b1 after being located the [NJ Exec Order 26.4b1] The [U.S. FOIA (b)] was questioned on the NJ Exec Order 26.4b1 and how it worked. She replied that the [NJ Exec Order 26.4b1] works as [NJ Ex] and the [NJ Exec Ords] for the [NJ Exec Order 26.4b1] is at the NJ Exec Order 26.4b1. When asked about how she expects staff to react to a NJ Exec Order 26.4b1 she stated that staff are trained to locate what is causing the [NJ Exec Ord] and that staff are aware who the elopement risks are for the building and emphasized that [NJ Exec Order 26.4b1] risk resident pictures are everywhere throughout the facility. She also stated that the facility checks placement and function of a NJ Exec Order 26.4b1 very shift. The [U.S. FOIA (b)] also stated that the receptionists know not to deactivate the code manually if the source of the NJ Exec Order 26.4b1 is not located and how to handle other residents and visitors if they are upset by the alarm not being turned off. When asked how Resident #2 was able to leave the facility if the [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] were functioning properly, the [U.S. FOIA (b)] stated that review of the surveillance footage revealed that because the [U.S. FOIA (b)(6)] t did not see anyone in the lobby, she entered the code to disengage the [NJ Exec Ords] She also stated that Resident #2 often likes to [redacted] in the [NJ Exec Order 26.4] lounge of the facility which is close to	F0689		05/22/2026

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F0689 SS = D	Continued from page 5 NJ Exec Order 2 in the NJ Exec Order 26.4b1 and can NJ Exec Orde the NJ Exec Order 26.4b1 NJ Exec Order 26.4b1. The U.S. FOIA (b) stated that the U.S. FOIA (b)(6) enters the code, Resident #2 goes NJ Exec Order the U.S. FOIA (b)(6) NJ Exec NJ Exec Order 26 with papers and Exec Orde the facility. The U.S. FOIA (b stated that Resident #2 was NJ Exec O and NJ Exec Orde different, however, that the U.S. FOIA (b)(6) t should have questioned why the NJ Exec Ord was going off and done a better job to look around. On 4/23/26 at 12:43 PM the surveyor interviewed U.S. FOIA and U.S. FOIA (b) together. The U.S. FOIA (b stated that believes the U.S. FOIA (b)(6) believed Resident #2 was a visitor NJ Exec Order when Resident #2 walked NJ Exec Orde her. The U.S. FOIA (b) stated that the process is that if the NJ Exec Order 26.4b1 NJ Exec Ord is going off, the supervisors are notified, and the supervisors will do a headcount of the residents. The surveyor asked if that is what occurred the night of Resident #2's NJ Exec Order 26.4b1 and the U.S. FOIA (b and U.S. FOIA both did not respond. On 4/24/26 at 9:00 AM, the surveyor requested a NJ Exec Order 26.4b1 and sat in the NJ Exec Order 26.4 lounge. The surveyor could not hear the NJ Exec Order 26.4b1, however once exiting nursing station 3 and entering the NJ Exec Order 26.4b1 could be hear. The U.S. FOIA (b)(6) was requested to disengage the NJ Exec Ord after the U.S. FOIA (b) confirmed the NJ Exec Order 26.4b1 was with the surveyor. On 4/24/26 at 10:12 AM, the surveyor interviewed the U.S. FOIA (b) regarding the U.S. FOIA (b)(6) statement related to Resident #2 NJ Exec Order 2 The surveyor questioned if the U.S. FOIA (b)(6) notified the facility about an NJ Exec Order 26.4b1 NJ Exec Order the facility after the NJ Exec Order 26.4b1 was initiated. The U.S. FOIA (b stated that the U.S. FOIA (b)(6) reported that she had not seen Resident #2 and that Resident #2 looked NJ Exec Order 2 NJ Exec Order 2 NJ Ex and holding papers. On 4/24/26 at 10:45 AM, the surveyor and U.S. FOIA (b) activated the NJ Exec Order 26.4b1 together to observe if the NJ Exec Order 26.4b1 and if the NJ Exec Ord would shut off when the NJ Exec Order 26.4b1 was moved away from the NJ Exec Order The NJ Exec Ord did not go off until a manual code was entered. On 4/24/26 at 10:54 AM, the surveyor heard the NJ Exec Order 26.4b1 alarm and went to observe what was happening as the lobby was empty. Resident #2 was sitting in the NJ Exec Order 26.4 lounge causing the NJ Exec Order 26.4b1 alarm to go off and when Resident #2 was NJ Exec Order 26.4b, the alarm disengaged. A review of the facility's policy titled, "Wandering and Elopements", with a revision date of March 2019	F0689		05/22/2026

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F0689 SS = D	Continued from page 6 included the following information under “Policy Statement”: The facility will identify residents who are at risk of unsafe wandering and strive to prevent harm while maintaining the least restrictive environment for residents. N.J.A.C. 8:39-27.1 (a)	F0689		05/22/2026

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60218	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/24/2026

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S0000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 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.	S0000		05/11/2026
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interviews and review of facility documents on 4/23/26 and 4/24/26 it was determined that the facility failed to ensure staffing ratios were met for 7 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. 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 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: 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	S0560	How the corrective action will be accomplished for those residents found to have been effected by the deficient practice. The Administrator and the Director of Nursing immediately reviewed the daily staffing to ensure the minimum direct care staff - to - resident ratios: (1) one certified nurse aide to every eight residents on the day shift; (2) one direct care staff member to every ten residents for the evening shift, provided that no fewer than half of all staff members shall be 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 fourteen resident 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. Facility requested assistance from sister Care-One facilities to assist with Certified Nurse Aide staffing. Facility educated all non direct care staff on Certified Nursing Assistant course. Facility assigned patients to Occupational therapy to assist with morning activities of daily living. Facility has a weekend warrior campaign to hire for weekend staffing needs.	05/22/2026

Office of Primary Care and Health Systems Management

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60218	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT VALLEY	**300 OLD HOOK ROAD , WESTWOOD, New Jersey, 07675**

(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
S0560	Continued from page 1 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. For the 2 weeks of staffing prior to survey from 4/5/26-4/18/26, the facility was deficient in CNA staffing for residents on 7 of 14 day shifts as follows: -4/6/26 had 10 CNAs for 88 residents on the day shift, required at least 11 CNAs. -4/7/26 had 10 CNAs for 88 residents on the day shift, required at least 11 CNAs. -4/8/26 had 10 CNAs for 88 residents on the day shift, required at least 11 CNAs. -4/11/26 had 9 CNAs for 89 residents on the day shift, required at least 11 CNAs. -4/12/26 had 9 CNAs for 89 residents on the day shift, required at least 11 CNAs. -4/13/26 had 10 CNAs for 88 residents on the day shift, required at least 11 CNAs. -4/16/26 had 10 CNAs for 88 residents on the day shift, required at least 11 CNAs.	S0560	Continued from page 1 The facility implemented an incentive program including shift pick up bonuses. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice. No residents were adversely affected by this practice. All residents have the potential to be affected. 3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur. On 4-24-26 the Administrator and Director of Nursing provided education to the staffing coordinator that included but was not limited to the state regulations for CNA staffing: 1:8 for 7a-3p; 1:10 for 3p-11p; 1:14 for 11p-7a. The facility utilized social media, employment sited and recruitment efforts to hire new staff members. Facility assigned patients to occupational therapy to assist with morning activities of daily living. Facility scheduled Licensed Practical Nurses to work as Certified Nursing Aides. The facility has implemented an incentive program including shift pick up bonuses, sign on bonuses, and referral bonuses for employees referring staff where appropriate. The facility utilized an agency to assist with setting up qualified candidates. 4. How facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur i.e. what QA program will be put into place to monitor the continued effectiveness of the systemic change.	05/22/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60218	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S0560		S0560	Continued from page 2 The Director of Nursing or designee will review staffing daily to ensure Certified Nursing Assistant staffing meets the staff - to resident ratios. This audit will be conducted daily and on a on-going basis. The Director of Nursing of 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 a on-going basis. The QAPI committee will review and determine the need for further follow up.	05/22/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315369	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT VALLEY	**300 OLD HOOK ROAD , WESTWOOD, New Jersey, 07675**

(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
F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 5/26/26 in relation to the 4/24/26 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		05/28/2026

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

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60218	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 5/26/26 in relation to the 4/24/26 State of New Jersey Complaint survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities.	S0000		05/28/2026

Office of Primary Care and Health Systems Management

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