

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315477		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/09/2025	
NAME OF PROVIDER OR SUPPLIER CAREONE AT WAYNE				STREET ADDRESS, CITY, STATE, ZIP CODE 493 BLACK OAK RIDGE ROAD , WAYNE, New Jersey, 07470			
(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 The NJDOH conducted a Complaint Survey on 10/16/25 and 10/17/25. The survey was officially completed on 10/17/25. Complaint #: 2635109 Census: 91 Sample Size: 3 THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.			F0000			12/12/2025

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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New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061619		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/09/2025	
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S0000	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.		S0000			12/12/2025	
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 facility document review on 10/17/25, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey for 6 of 14 dayshifts. This deficient practice was evidenced by the following: 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 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		S0560	The Administrator and the Director of Nursing immediately reviewed the daily staffing to ensure the minimum direct care staff to resident ratios: Day Shift: 1 Certified nurse aide to every 8 residents; Evening Shift: 1 Certified nurse aide to every 10 residents; Night Shift: 1 Certified nurse aide to every 14 residents. provided that each direct care staff member shall sign in to work as a certified nurse aide and perform certified nurse aide duties. The facility educated all non direct care staff on Certified Nurse aide course available and offered through CareOne in-- Facility assigned patients to Occupational and Physical Therapists to assist with morning activities of daily living. The facility offering a Weekend Crusader program with high rate for staff hired. The facility implemented a incentive program for picking up shifts bonus. No Residents were adversely affected by this practice. 2. All Residents have the potential to be affected. 3. On 10/17/2025 the Administrator, Director of Nursing		12/12/2025	

Office of Primary Care and Health Systems Management

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S0560	Continued from page 1 all staff members shall be CNAs, and each direct staff member shall be signed in to 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. The surveyor requested staffing for the weeks of 09/28/25 to 10/11/25. The facility was deficient in CNA staffing for residents on 6 of 14 day shifts as follows: -09/28/25 had 7 CNAs for 82 residents on the day shift, required at least 10 CNAs. -10/01/25 had 10 CNAs for 85 residents on the day shift, required at least 11 CNAs. -10/04/25 had 8 CNAs for 81 residents on the day shift, required at least 10 CNAs. -10/05/25 had 9 CNAs for 81 residents on the day shift, required at least 10 CNAs. -10/06/25 had 8 CNAs for 81 residents on the day shift, required at least 10 CNAs. -10/11/25 had 9 CNAs for 81 residents on the day shift, required at least 10 CNAs.			S0560	Continued from page 1 and Assistant Director of nursing provided education to the staffing coordinator that included but not limited to the state regulations for Certified Nurses Aide staffing: Day 1:8, Evening 1:10, Night 1:14. The facility utilized social media, employment sites, and recruitment efforts to hire new staff members. Facility assigned patients to physical and occupational therapy to assist with the morning activity of daily living. The facility has implemented an incentive program including shift pick up bonus, sign on bonus and referral bonus for employees referring staff where appropriate. 4. The Director of Nursing or designee will review staffing daily to ensure Certified Nursing Assistant meets minimum staff to resident ratios. This audit is conducted daily on an ongoing basis 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. The QAPI committee will review and determine the need for further follow-up.		

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 01/21/26 in relation to the 12/09/25 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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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 01/21/26 in relation to 12/09/25 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			

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