

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315502	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/28/2025
NAME OF PROVIDER OR SUPPLIER CareOne At Teaneck		STREET ADDRESS, CITY, STATE, ZIP CODE 544 TEANECK ROAD , TEANECK, New Jersey, 07666		
(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	<p>INITIAL COMMENTS</p> <p>COMPLAINT#:2575586, 2600324</p> <p>CENSUS:85</p> <p>SAMPLE SIZE:5</p> <p>The NJDOH conducted a Complaint Survey on 10/28/25. The survey was officially completed on 11/17/25.</p> <p>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</p>	F0000		11/24/2025

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: 02002	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/28/2025
NAME OF PROVIDER OR SUPPLIER CareOne At Teaneck		STREET ADDRESS, CITY, STATE, ZIP CODE 544 TEANECK ROAD , TEANECK, New Jersey, 07666		
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S0000	<p>Initial Comments</p> <p>Complaint #: 2575586, 2600324</p> <p>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.</p>	S0000		11/24/2025
S0560	<p>Mandatory Access to Care</p> <p>CFR(s): 8:39-5.1(a)</p> <p>The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Complaint # 2575586, 2600324</p> <p>Based on interview and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios for the day, evening and night shift as mandated by the State of New Jersey. The facility was deficient in CNA (Certified Nursing Aide) staffing for 13 day shifts of a total of 105 shifts reviewed as follows:</p> <p>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.</p> <p>The following ratio(s) were effective on 02/01/2021:</p>	<p>S0560</p> <p>How any corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>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 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 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.</p> <p>No residents were adversely affected by this practice.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>All residents have the potential to be affected by this practice.</p> <p>What measures will be in place or systematic changes</p>	<p>11/24/2025</p>	

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1 One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>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</p> <p>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.</p> <p>1. As per the "Nurse Staffing Report" completed by the facility for the 1 week of staffing from 07/27/2025 to 08/02/2025, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows:</p> <p>-07/27/25 had 9 CNAs for 85 residents on the day shift, required at least 11 CNAs.</p> <p>2. As per the "Nurse Staffing Report" completed by the facility for the 2 weeks of staffing from 08/17/2025 to 08/30/2025, the facility was deficient in CNA staffing for residents on 5 of 14 day shifts as follows:</p> <p>-08/20/25 had 7 CNAs for 70 residents on the day shift, required at least 9 CNAs.</p> <p>-08/24/25 had 8 CNAs for 69 residents on the day shift, required at least 9 CNAs.</p> <p>-08/25/25 had 7 CNAs for 69 residents on the day shift, required at least 9 CNAs.</p> <p>-08/26/25 had 8 CNAs for 69 residents on the day shift, required at least 9 CNAs.</p> <p>-08/29/25 had 8 CNAs for 74 residents on the day shift, required at least 9 CNAs.</p> <p>3. As per the "Nurse Staffing Report" completed by the facility for the 2 weeks of staffing from 10/12/2025 to 10/25/2025, the facility was deficient in CNA staffing for residents on 7 of 14 day shifts as follows:</p> <p>-10/13/25 had 9 CNAs for 80 residents on the day shift, required at least 10 CNAs.</p> <p>-10/14/25 had 8 CNAs for 80 residents on the day shift, required at least 10 CNAs.</p>	S0560	<p>Continued from page 1 made to ensure that the deficient practice will not recur:</p> <p>The Administrator and Director of Nursing provided re-education to the staffing coordinator with regards to the minimum direct care staff-to-resident ratios.</p> <p>The facility has re-assessed wages for Certified Nursing Assistants to maintain a competitive edge in the industry.</p> <p>The facility has retained professional recruiters to advertise for CNA's, solicit applications and arrange employment interviews for CNA's for all shifts on both a full-time and part-time basis.</p> <p>The facility has a contract with a healthcare staffing agency to be utilized as needed to meet the minimum direct care staff-to-resident ratios.</p> <p>The Administrator will monitor admissions to the facility based upon the ability to maintain the direct care staff-to-resident ratios.</p> <p>How the facility will monitor its corrective actions to ensure that the deficient practice will not reoccur:</p> <p>The Director of Nursing or designee will review staffing daily to ensure Certified Nursing Assistant staffing meets the minimum staff-to-resident ratios daily on an on-going basis.</p> <p>The Director of Nursing or designee will report the findings of staff-to-resident ratios to the Quality Assurance Performance Improvement Committee (QAPI) at the monthly meeting on an on-going basis.</p> <p>The QAPI committee will review and determine the need for further follow up.</p>	

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S0560	<p>Continued from page 2</p> <p>-10/15/25 had 9 CNAs for 80 residents on the day shift, required at least 10 CNAs.</p> <p>-10/16/25 had 9 CNAs for 79 residents on the day shift, required at least 10 CNAs.</p> <p>-10/19/25 had 7 CNAs for 70 residents on the day shift, required at least 9 CNAs.</p> <p>-10/24/25 had 8 CNAs for 77 residents on the day shift, required at least 10 CNAs.</p> <p>-10/25/25 had 9 CNAs for 77 residents on the day shift, required at least 10 CNAs.</p> <p>A review of the facility provided policy titled "Staffing, Sufficient and Competent Nursing" with a revised date of August 2022, included the following:</p> <p>Policy Statement</p> <p>Our facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment.</p> <p>Policy Interpretation and Implementation</p> <p>1. Licensed nurses and certified nursing assistants are available 24 hours a day, seven (7) days a week to provide competent resident care services including:</p> <ul style="list-style-type: none"> a. assuring resident safety; b. attaining or maintaining the highest practicable physical, mental and psychosocial well-being of each resident; c. assessing, evaluating, planning and implementing resident care plans; and d. responding to resident needs... <p>8. Minimum staffing requirements imposed by the state, if applicable, are adhered to when determining staff ratios but are not necessarily considered a determination of sufficient and competent staffing...</p>	S0560		

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/01/2025 in relation to the 10/28/2025 State of New Jersey Re-Licensure 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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