

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

PRINTED: 05/07/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315152	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/19/2024
NAME OF PROVIDER OR SUPPLIER CAREONE AT WELLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 301 UNION STREET HACKENSACK, NJ 07601		
(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 Complaint #: NJ00179638, NJ00176252, NJ00175455 Census: 78 Sample: 5 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 VISIT.	F 000			
F 689 SS=G	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: Complaint #: NJ00179638 Based on interviews, record review and review of pertinent facility documents on 11/18/2024 and 11/19/2024, it was determined that the facility failed to ensure the safety of a resident (Resident #1) when: (a) the Resident took his/her p.o. [by mouth] medication with a clear liquid which was given by Registered Nurse (RN) #1. Resident #1 drank the liquid and reported a [REDACTED] [REDACTED] " when swallowing and notified RN #1. It was revealed the clear liquid was a [REDACTED]	F 689	1. How the corrective action will be accomplished for those residents is found to have been affected by the deficient practice. Resident #1 was immediately evaluated the Nurse Practitioner. The Director of Nursing contacted the [REDACTED] NJ Exec Order 26.4b1 to review the Material Data Sheet for [REDACTED] NJ Exec Order 26.4b1. Resident #1 reported no [REDACTED] NJ Exec Order 26.4b1 related to the [REDACTED] NJ Exec Order 26.4b1 [REDACTED] at the time of NP assessment. Resident #1 did not require		1/3/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/13/2024

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.

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F 689	<p>Continued From page 1</p> <p>NJ Exec Order 26.4b1 (b) RN #1 did not follow facility's proper procedure in preparing liquid solutions for NJ Exec Order 26.4b1, and (c) RN #1 did not follow facility's procedure in accordance to professional standards of nursing practice in administration of medication in a safe and timely manner. Resident #1 did not require hospitalization after this incident.</p> <p>The deficient practice was evidenced by the following:</p> <p>According to the FRE (facility reported event), submitted to the New Jersey Department of Health (NJ DOH) on NJ Exec Order 26.4b1 by the facility, under the Type of Incident: Other, Specify: NJ Exec Order 26.4b1 and Narrative: "[Name of Resident #1] ...admitted on ...with Dx: NJ Exec Order 26.4b1 following NJ Exec Order 26.4b1 NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 and a BIMS [Brief Interview of Mental Status] NJ Exec Order 26.4b1. At 2:50 pm [afternoon] on NJ Exec Order 26.4b1 [initials of Resident #1] took P.O. [by mouth] medications with approximately 30-60 mls (millimeters) of clear liquid. [Initials of Resident #1] reportedly swallowed the liquid and reported a NJ Exec Order 26.4b1 when swallowing. He/she notified the nurse, [initials of RN #1] and threw the cup with the remaining liquid in the garbage. Investigation revealed the clear liquid was NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NP [nurse practitioner in house], primary care physician and NJ Exec Order 26.4b1 immediately notified ..." The FRE further indicated under the Narrative " ...3) ...After a thorough investigation it has been determined the NJ Exec Order 26.4b1 (approx. 30-60 mls) was poured in the 7oz cup by [initials of RN #1 at the treatment cart. [Initials of</p>	F 689	<p>NJ Exec Order 26.4b1</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice. -All residents have the potential to be affected.</p> <p>3.What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.</p> <p>NJ Exec Order 26.4b1 The Director of Nursing immediately conducted an audit of the three medication carts to ensure no NJ Exec Order 26.4b1 supplies or NJ Exec Order 26.4b1 were stored in or on the medication carts. NJ Exec Order 26.4b1 the Director of Nursing provided in-service education to all nurses on the policy for "Wound Care" which included but was not limited to: "Assemble the equipment and supplies needed... (Note: this may be performed at the treatment cart); and under Steps in the Procedure:...8. Pour liquid solutions directly on gauze sponges on their papers. On 10/28/24, the Director of Nursing provided in-service education to all nurses on the policy for "Administering Medications" which included but was not limited to under "Policy Interpretation and Implementation:...19. "During administration of medications, the medication cart is kept closed...No medications are kept on top of the cart." RN#1 was immediately suspended pending investigation and subsequently terminated from her position.</p>		

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F 689	<p>Continued From page 2</p> <p>Resident #1] interrupted the nurse and asked for the [NJ Exec Order 26.4b1]. [RN #1] carried the cup "and the [NJ Exec Order 26.4b1]" over to the medication cart to review the MAR [medication administration record] and placed the cup on top of the cart. The [redacted] [Resident #1] when [RN #1] administered [Resident #1]'s medication.</p> <p>On 11/18/2024, a review of the Resident's Admission Record (AR), Resident #1 was admitted to the facility with the following diagnoses that included but not limited to: [redacted] NJ Exec Order 26.4b1</p> <p>A review of Resident #1's Minimum Data Set (MDS), an assessment tool that provides a comprehensive assessment of a resident's functional capabilities, dated [redacted] NJ Exec Order 26.4b1 indicated Resident #1's Cognitive Skills for Daily Decision Making was [redacted] NJ Exec Order 26.4b1 The MDS further revealed in Section GG-Functional Abilities, Resident #1 [redacted] NJ Exec Order 26.4b1 or [redacted] NJ Exec Order 26.4b1 in his/her [redacted] NJ Exec Order 26.4b1</p> <p>A review of Resident #1's Progress Notes (PN) dated [redacted] NJ Exec Order 26.4b1 and documented electronically by Licensed Practical Nurse (LPN) #1, "pt educated by primary nurse and this undersign regarding [redacted] NJ Exec Order 26.4b1 [redacted] .pt [redacted] NJ Exec Order 26.4b1 and requested to go [redacted] NJ Exec Order 26.4b1 ...pt [redacted] NJ Exec Order 26.4b1 and took [redacted] NJ Exec Order 26.4b1 outside facility...pt aware [redacted] NJ Exec Order 26.4b1."</p> <p>On 11/18/2024, the Surveyor was notified by the</p>	F 689	<p>RN#1 was reported to the New Jersey Division of Consumer Affairs, health care reporting unit via the Health Care Professional Responsibility and Reporting Enhancement Act Reporting Form.</p> <p>4.How the 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.</p> <ul style="list-style-type: none"> - The Director of Nursing or designee will conduct random audits of the three medication carts as well as the one treatment cart on the [redacted] NJ Exec Order 26.4b1 to ensure wound treatments including solutions are properly stored within the treatment cart. <p>The audits will be conducted daily x 5 days, then weekly x 4 weeks, then monthly x 3 months.</p> <p>The results of the audits will be provided monthly x 3 months, then quarterly x 3 quarters to the facility's Administrator and the Quality Assurance Performance Improvement (QAPI) Committee for review and comment.</p> <p>The QAPI committee meets on a monthly basis. The QAPI Committee will review and determine the need for further audits.</p>		

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F 689	<p>Continued From page 3</p> <p>U.S. FOIA (b)(6)) that RN #1 no longer worked in the facility and was terminated effective U.S. FOIA (b)(6). The U.S. FOIA (b)(6) further stated RN #1 stopped communicating with them and never answered their phone calls after the incident.</p> <p>On 11/18/2024, the Surveyor made call to RN#1 and call was not returned.</p> <p>On 11/18/2024 at 10:30 a.m. [morning], the Surveyor in the presence of RN #2 U.S. FOIA (b)(6) made a tour of nursing unit U.S. FOIA (b)(6). RN #2 U.S. FOIA (b)(6) stated there were three medications carts and one treatment cart. The Surveyor checked the treatment cart in the presence of the RN #2 U.S. FOIA (b)(6) and observed treatment and wound supplies in the cart and no residents' medications identified. The surveyor didn't observe any residents on the floor wandering near the carts.</p> <p>The Surveyor furthermore checked the medication carts and observed the following findings: At 10:46 a.m., [Med Cart B] - no treatment and wound supplies identified in the cart. At 10:50 a.m., [Med Cart C] - no treatment and wound supplies identified in the cart. At 10:52 a.m., [Med Cart A] - no treatment and wound supplies identified in the cart.</p> <p>On 11/18/2024 at 1:18 p.m. [afternoon], the Surveyor observed LPN #2, the regular nurse with medication cart [Med Cart C], performed U.S. FOIA (b)(6) to a non-sampled resident [SR].</p> <p>In an interview with the Surveyor on 11/18/2024 at 1:44 p.m. [afternoon], RN #2 U.S. FOIA (b)(6)</p>	F 689			

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F 689	<p>Continued From page 4</p> <p>stated "medication cart is only for medications, treatment cart used for doing treatments, there should not be any treatment supplies on top of medication cart and take the treatment cart when doing the wound care."</p> <p>In an interview with the Surveyor on 11/18/2024 at 3:36 p.m. [afternoon], the [U.S. FOIA (b)(6)] in the presence of the [U.S. FOIA (b)(6)] [NJ Exec Order 26.4b1], stated, when asked regarding [NJ Exec Order 26.4b1] care specifically with use of [NJ Exec Order 26.4b1] solution such as [NJ Exec Order 26.4b1], [NJ Exec Order 26.4b1] RN did not follow proper procedure in [NJ Exec Order 26.4b1] RN made a mistake in giving the cup with [NJ Exec Order 26.4b1] I tried to reach out to RN to get more information after her initial statement but she never picked up or returned our calls."</p> <p>In an interview with the Surveyor on 11/19/2024 at 6:54 a.m., Resident #1's attending physician (AP), stated he was made aware right away of the Resident's incident and gave orders immediately. He further stated he gave orders based on the [NJ Exec Order 26.4b1] recommendations and "I went to see and checked [Resident's name] right away."</p> <p>A review of facility's policy on "Wound Care", its Purpose " ...is to provide guidelines for the care of wounds ...; under Preparation: " ...3. Assemble the equipment and supplies as needed ... (Note: This may be performed at the treatment cart.); under "Steps in the Procedure: 1. Use disposable cloth (paper towel is adequate) to establish clean field on resident's overbed table. Place all items to be used during procedure on the clean field ...8. Pour liquid solutions directly on gauze sponges on their papers; 9. Wear exam gloves for holding gauze to catch irrigation solutions that are poured directly over the wound ..."</p>	F 689			

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F 689	Continued From page 5 A review of facility's policy on "Administering Medications", its Policy Statement: Medications are administered in a safe and timely manner, and as ...; under "Policy Interpretation and Implementation: ...19. During administration of medications, the medication cart is kept closed ...No medications are kept on top of the cart ..." N.J.A.C. 8:39-27.1(a)	F 689			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060205	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/19/2024
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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 The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on facility document review on 11/18/2024 and 11/19/2024, 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 5 of 14 day shifts. 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	S 560	1. How the corrective action will be accomplished for those residents found to have been affected 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 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		1/3/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 560	<p>Continued From page 1</p> <p>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:</p> <p>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 certified nurse aide 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>The surveyor requested staffing for the weeks of 10/27/2024 to 11/02/2024 and 11/03/2024 to 11/09/2024.</p> <p>The facility was deficient in CNA staffing for residents on 5 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> -10/27/24 had 6 CNAs for 86 residents on the day shift, required at least 11 CNAs. -10/28/24 had 9 CNAs for 85 residents on the day shift, required at least 11 CNAs. -11/02/24 had 9 CNAs for 81 residents on the day shift, required at least 10 CNAs. -11/03/24 had 8 CNAs for 81 residents on the day shift, required at least 10 CNAs. -11/09/24 had 9 CNAs for 79 residents on the day shift, required at least 10 CNAs. 	S 560	<p>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. No residents were adversely affected by this practice.</p> <p>2.How the facility will identify other residents having the potential to be affected by the same deficient practice. - All residents have the potential to be affected.</p> <p>3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur. -On 11/20/2024 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 7-3p; 1:10 for 3-11p; 1:14 for 11-7a. The facility has scheduled a job fare for 12/19/2024. This fair will have a focus on hiring both Certified Nursing Assistants as well as non-certified staff who will be immediately enrolled in the July Certified Nursing Assistant certification class the Company provides. There will be no cost to the employee to attend this certification course. The facility has re-assessed wages for Certified Nursing Assistants to maintain a competitive edge in the industry. The facility has implemented incentives such as employee referral bonus for Certified Nursing Assistants. The facility has a contract with an</p>	

New Jersey Department of Health

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S 560	Continued From page 2	S 560	<p>employment agency (Towne Home Care) to be utilized as needed to meet the minimum direct care staff-to-resident ratios.</p> <p>The Administrator will oversee admissions to the facility based upon the ability to maintain the direct care staff-to-resident ratios.</p> <p>4. How the 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.</p> <p>- The Director of Nursing or designee will review staffing daily to achieve compliance of the minimum staff-to-resident ratios for Certified Nursing Assistant staffing. This audit will be conducted 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 Administrator and 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>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315152	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/7/2025
NAME OF FACILITY CAREONE AT WELLINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 301 UNION STREET HACKENSACK, NJ 07601	

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 F0689	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.25(d)(1)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/03/2025	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
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 11/19/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060205	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/7/2025
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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	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/03/2025	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 11/19/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			