

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315164	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/10/2026
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NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING HEALTHCARE AT TENAFLY, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 133 COUNTY ROAD , TENAFLY, New Jersey, 07670
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(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 #: 2572148</p> <p>Census: 59</p> <p>Sample Size: 4</p> <p>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.</p>	F0000		04/03/2026
F0842 SS = D	<p>Resident Records - Identifiable Information</p> <p>CFR(s): 483.20(f)(5),483.70(h)(1)-(5)</p> <p>§483.20(f)(5) Resident-identifiable information.</p> <p>(i) A facility may not release information that is resident-identifiable to the public.</p> <p>(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(h) Medical records.</p> <p>§483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete;</p> <p>(ii) Accurately documented;</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>§483.70(h)(2) The facility must keep confidential all information contained in the resident's records,</p>	F0842	<p>Concern.</p> <p>F 842</p> <p>Residents Records- Identifiable Information.</p> <p>How the corrective action will be accomplished for any resident affected by deficient practice.</p> <p>Reviews pertinent to facility documentations on 3/3/26 and 3/10/26 it was determined that the facility failed to completely and accurately document Physicians Orders on medication administration of [REDACTED] of resident #1.</p> <p>Resident #1 was discharged to [REDACTED] NJ Ex Order 26.4(b)(1), [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>All residents receiving insulin were checked for accuracy of documentation in the physician's order.</p> <p>LPN#1, LPN#2, LPN#3 and RN#1 were in- serviced on 03-09-26 on transcription of orders, documentation of blood sugar results and administration of insulin coverage as per MD's order.</p> <p>RN#1 was in serviced on 03-09-26 documentation of blood sugar results and insulin coverage received</p>	04/15/2026

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.

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NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING HEALTHCARE AT TENAFLY, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 133 COUNTY ROAD , TENAFLY, New Jersey, 07670		
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F0842 SS = D	<p>Continued from page 1 regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(h)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(h)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p>	F0842	<p>Continued from page 1 from the physician.</p> <p>No other residents being affected with this deficient practice.</p> <p>How we identified other residents/areas that could potentially be affected.</p> <p>All residents have the potential to be affected by this deficient practice. Therefore, this applies to all residents (current and future).</p> <p>Measures to ensure were/will be put into place to assist this area of concern.</p> <p>All Licensed nurses were in serviced on documentation and transcription of orders.</p> <p>03-09-26</p> <p>All Licensed nurses were in-serviced on documentation of blood sugar results. 03-09-26</p> <p>Orders received from the physician will be documented on the Physician's order in the resident clinical records and this will be documented in the progress notes.</p> <p>Licensed nurses who receives order from the physician will accurately transcribed accordingly.</p> <p>Pharmacy Consultant or designee will observe 2 licensed nurses monthly or when needed on medication administration</p> <p>Licensed Nurses were in serviced on 03-09-26 to utilize facility insulin medication house stock until requested supply from the pharmacy arrives.</p> <p>Unit managers or designee will review patient new orders for accuracy and completeness in morning clinical meeting.</p> <p>How the concern will be monitored and title of person responsible for monitoring.</p>	04/15/2026

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<p>F0842 SS = D</p>	<p>Continued from page 3 looks [redacted] Watch for NJ Exec Order 26.4b1 including NJ Exec Order 26.4b1 - with order date of [redacted] and start date of [redacted]</p> <p>[redacted] NJ Exec Order 26.4b1, a phone order, [redacted] at [redacted] for [redacted] Do not use if it looks [redacted] Watch for NJ Exec Order 26.4b1 including NJ Exec Order 26.4b1 - with order date of [redacted] and start date of [redacted]</p> <p>[redacted] NJ Exec Order 26.4b1 a prescriber written order [redacted] at [redacted] for [redacted] Do not use if it looks [redacted] Watch for NJ Exec Order 26.4b1 including NJ Exec Order 26.4b1 - with order date of [redacted] and start date of [redacted]</p> <p>There were no further POs for [redacted]</p> <p>A review of the resident's Medication Administration Record (MAR) with date range of [redacted] revealed the following:</p> <p>[redacted] NJ Exec Order 26.4b1 at [redacted] for [redacted] with a Start Date of 9:00 PM and a [redacted] Date of [redacted] 1:52 PM. The Licensed Practical Nurse (LPN) #1 documented code [redacted] under the [redacted] The MAR indicated under its Chart Codes (CC), code [redacted] = NJ Ex Order 26.4(b)(1)</p> <p>A review of the resident's PN dated [redacted] at 8:17 PM revealed LPN #1 documented "awaiting RX delivery".</p> <p>[redacted] NJ Exec Order 26.4b1 only for [redacted] Start Date of [redacted] 9:30 PM and a [redacted] Date of [redacted] 5:05 PM. The MAR revealed the medication entry was initiated by LPN #1 under [redacted] with a "check" mark and a time of 2203, indicating the medication was administered and timed at 10:03 PM on [redacted]</p> <p>This medication entry was not reflected in the resident's OSR nor documented in the resident's PN.</p> <p>[redacted] NJ Exec Order 26.4b1 unit/ml [redacted] only for [redacted] until [redacted] 5:59 AM with a Start Date [redacted] 0230 [2:30 AM]. The MAR was initiated by Registered Nurse (RN) #1 at 2:47 AM under the [redacted]</p>	<p>F0842</p>		<p>04/15/2026</p>

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<p>F0842 SS = D</p>	<p>Continued from page 5 current [redacted] and [redacted] to [redacted].</p> <p>A review of a 07/23/2025 PN revealed at 5:03 PM, LPN #3 documented that "orders were received and follow through."</p> <p>A review of a 07/23/2025 PN revealed at 10:20 PM, LPN #3 documented Resident #1 reported NJ Exec Order 26.4b1 [redacted] or [redacted] and NJ Exec Order 26.4b1 [redacted]. The [redacted] revealed the [redacted] was made aware and ordered [redacted] to be given prior to [redacted]. The [redacted] further revealed NJ Exec Order 26.4b1 [redacted] @ 2102 [9:02 PM]. [redacted] and [redacted] of NJ Exec Order 26.4b1 [redacted].</p> <p>There was no PO on Resident #1's OSR nor order entry on Resident #1's MAR for this medication.</p> <p>On 03/10/26 at 10:34 AM, the surveyor interviewed LPN #1. LPN #1 confirmed she entered code 9 and documented in the [redacted] 8:17 PM [redacted] "awaiting pharmacy delivery" related to the [redacted] of [redacted] at [redacted] PO. LPN #1 further said she was not able to give the [redacted] as we have to wait for the delivery. When asked if she called the doctor, LPN #1 stated she let the [redacted] know. The [redacted] called the [redacted] U.S. FOIA (b)(6) and the [redacted] ordered a [redacted] dose of the [redacted] [redacted]. If a medication is not yet received from pharmacy, the protocol is to document this in the PNs. The [redacted] would be notified and this would also be documented.</p> <p>There was no PN indicating the medication was not received nor the [redacted] was notified.</p> <p>The surveyor was unable to interview LPN #2 or LPN #3.</p> <p>On 03/10/26 at 11:17 AM, the surveyor interviewed the [redacted] U.S. FOIA regarding LPN #2's documentation on [redacted] at 12:37 PM. The [redacted] stated that LPN #2 was referring to the 11:30 AM [redacted] NJ Exec Order 26.4b1 order of [redacted] that was given for the resident's [redacted] or [redacted].</p> <p>On 03/10/26 at 11:50 AM, the surveyor interviewed the [redacted] U.S. FOIA (b)(6). The [redacted] U.S. FOIA (b)(6) stated she cannot exactly remember Resident #1's [redacted] on [redacted] or calling the [redacted]. She further stated she was unable to document at the time because there were a lot of orders to carry out and she assumed the nurse would document in the PNs.</p> <p>On 03/10/26 at 12:57 PM, the surveyor interviewed the [redacted] U.S. FOIA regarding the [redacted] NJ Exec Order 26.4b1 10:20 PM PN and</p>	<p>F0842</p>		<p>04/15/2026</p>

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F0842 SS = D	<p>Continued from page 6</p> <p>the MAR; [redacted] stated LPN #2 documented the [redacted] given in the PN as a late entry. The [redacted] affirmed that the documentation did not coincide or reflect timely in the resident's MAR.</p> <p>On 03/10/26 at 1:13 PM, the surveyor interviewed the resident's [redacted]. The [redacted] stated if there was no medication yet the nurses always called me and normally would give the [redacted] result. I do not remember the exact [redacted] result but it was more than [redacted]. I do not remember the nurse's name but they absolutely called me. The [redacted] order I gave at that time was based on the patient's [redacted] from the medication list from the hospital; the nurses called me when the patient was admitted to the facility.</p> <p>A review of a facility policy titled Charting and Documentation revised on 10/2025 revealed, under "Policy Statement, "All services provided to the resident, or any changes in the resident's medical or mental condition, shall be documented in the resident's medical record". Under Policy Interpretation and Implementation revealed "1. All observations, medications administered, services performed, etc., must be documented in the resident's clinical records."</p> <p>N.J.A.C.8:39-35.2(d)6</p>	F0842		04/15/2026

New Jersey Department of Health

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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		04/03/2026
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 facility document review on 3/3/26 and 3/10/26, 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 dayshifts. 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 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	S0560	Concern. S560 Mandatory Access to Care. Wow the corrective action will be accomplished for any resident affected by deficient practice. During Complaint Survey conducted by the NJ Department of Health on 3/3/26 and 3/10/26 and ending staffing reports showed the facility was not in compliance with the State of New Jersey CNA minimum staffing requirements on 2/15/26 had 6 CNAs for 60 residents 2/22/26 had 6 CNAs for 60 residents. 2/23/26 had 6 CNAs for 60 residents 2/27/26 had 7 CNAs 61 residents. 2/28/26 had 61 residents. 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 shift. The Administrator and Director of Nursing immediately reviewed staffing schedules and modified accordingly to capture all nurses that worked in the Certified Nursing Assistant (CNA) role.	04/15/2026

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1</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 2 weeks staffing from 2/15/26 to 2/28/26.</p> <p>The facility was deficient in CNA staffing for residents on 5 of 14 day shifts evidenced as follows:</p> <p>For the 2 weeks of staffing prior to the complaint survey from 2/15/26-2/28/26, the facility was deficient in CNA staffing for residents 5 of 14 day shifts as follows:</p> <p>-2/15/26 had 6 CNAs for 60 residents on the day shift, required at least 7 CNAs.</p> <p>-2/22/26 had 6 CNAs for 59 residents on the day shift, required at least 7 CNAs.</p> <p>-2/23/26 had 6 CNAs for 59 residents on the day shift, required at least 7 CNAs.</p> <p>-2/27/26 had 7 CNAs for 61 residents on the day shift, required at least 8 CNAs.</p> <p>-2/28/26 had 7 CNAs for 61 residents on the day shift, required at least 8 CNAs.</p>	S0560	<p>Continued from page 1</p> <p>No other residents being affected with this deficient practice.</p> <p>How we identified other residents/areas that could potentially be affected.</p> <p>All residents have the potential to be affected by this deficient practice. Therefore, this applies to residents (current and future).</p> <p>Measures to ensure were/will be put into place to assist this area of concern.</p> <p>The Administrator and Director of Nursing shall continue to review the daily Certified Nursing Assistant (CNA) staffing schedules to ensure compliance with the state's minimum CNA staffing requirement.</p> <p>Furthermore, the facility will review CNAs current rates, the facility shall continue its recruitment program and hiring efforts to attract and hire CNAs, as evidenced by placing advertisements on Indeed, contacting recruitment agencies, and offering referral bonuses to current staff for securing additional staff</p> <p>The center shall offer overtime, incentive pay, and bonuses to current staff when a staffing shortage is identified or occurs throughout the day and/or week.</p> <p>Facility staffing coordinator will work with sister facilities staffing coordinator for CNAs/License Nurses for daily backup when call outs occurs. CNAs will receive free meals and incentives on top of their regular pay.</p> <p>Facility will offer overtime, bonuses or incentives to Licensed Nurses to work as Nursing Assistant when warranted. The facility also maintains an agreement with nursing staffing agencies in the event of any staffing shortage.</p> <p>Flyers posted in the breakroom regarding referral bonuses, overtime pay for staffing call outs and staffing needs.</p> <p>Staffing Coordinator and DON will check staffing sheets the next day and initiate progressive discipline for those who consistently calls out.</p>	04/15/2026

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 4/17/26 in relation to the 3/10/26 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		04/22/2026

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New Jersey Department of Health

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 4/17/26 in relation to the 3/10/26 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		04/22/2026

Office of Primary Care and Health Systems Management

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