

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

PRINTED: 07/15/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/16/2024
NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING AT TEANECK			STREET ADDRESS, CITY, STATE, ZIP CODE 1104 TEANECK ROAD TEANECK, NJ 07666		
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F 000	<p>INITIAL COMMENTS</p> <p>A Recertification was conducted by Healthcare Management Solutions, LLC on behalf of New Jersey Department of Health (NJDOH).</p> <p>Survey Dates: 05/13/24 through 05/16/24 Survey Census: 106 Sample Size: 29</p> <p>NJ161426. NJ172012. NJ152954. NJ153803. NJ155215. NJ169684.</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 RECERTIFICATION AND COMPLAINT VISIT.</p>	F 000			
F 700 SS=D	<p>Bedrails CFR(s): 483.25(n)(1)-(4)</p> <p>§483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.</p> <p>§483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation.</p>	F 700		6/28/24	

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

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05/29/2024

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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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 0K3W11 Facility ID: NJ60217 If continuation sheet Page 2 of 5

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F 700	<p>Continued From page 2</p> <p>NJ Ex Order 26.4b1, and NJ Ex Order 26.4</p> <p>Review of R13's admission "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Ex Order 26.4b1 revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of NJ Ex Order 26.4b1 out of 15 which indicated the resident was NJ Ex Order 26.4b1.</p> <p>Review of R13's "Care Plan," initiated NJ Ex Order 26.4b1, located under the "Care Plan" tab of the EMR revealed no care plan related to the resident having NJ Ex Order 26.4b1.</p> <p>Review of R13's "Order Summary Report" located under the "Orders" tab of the EMR revealed an order, dated NJ Ex Order 26.4b1, for NJ Ex Order 26.4b1 for NJ Ex Order 26.4b1.</p> <p>Review of R13's EMR revealed no documented evidence of a NJ Ex Order 26.4 assessment, no documented evidence of any alternative measures prior to installation, and no documented evidence of obtained consent for NJ Ex Order 26.4 usage.</p> <p>During an observation and interview on 05/13/24 at 10:04 AM, R13 stated she used the NJ Ex Order 26.4b1 to NJ Ex Order 26.4b1. She stated she did not need NJ Ex Order 26.4b1. There was a NJ Ex Order 26.4b1 located on both sides of the resident's NJ Ex Order 26.4b1.</p> <p>During an interview on 05/14/24 at 2:33 PM, the US FOIA (b)(6) stated they did not have any NJ Ex Order 26.4 consents completed for this resident because the NJ Ex Order 26.4b1 were used for NJ Ex Order 26.4.</p>	F 700	<p>Resident #13 was assessed for potential NJ Ex Order 26.4b1. The risk and benefits of NJ Ex Order 26.4b1 was discussed with resident and family.</p> <p>Maintenance checked the bed dimensions and size to ensure appropriate for resident's weight and size.</p> <p>All active residents were assessed for siderails used and consent were obtained.</p> <p>Maintenance Director and designee check all beds, mattresses, side rails for functionality, gaps, length to ensure compliance following manufacturing instructions.</p> <p>No residents were affected with this deficient practice.</p> <p>How will the facility identify other residents having the potential to be affected by the deficient practice?</p> <p>All residents in the Facility have the potential to be affected by the deficient practice. Therefore, this applies to all residents (current and future).</p> <p>What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur?</p> <p>Policy and procedure regarding side rails was revised to pattern resident's needs of side rails.</p>		

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F 700	Continued From page 3 During an interview on 05/15/24 at 11:12 AM, the US FOIA (b)(6) stated they always checked to make sure the NJ Ex Order 26.4b1 fit properly, but did not have a completed assessment, documented alternatives used prior to installation, and did not have a completed consent related to NJ Ex Order 26.4b1 because they were used for NJ Ex Order 26.4b1 . NJAC 8:39-27.1(a)	F 700	Electronic side rails evaluation was revised to include type of side rails use, maintenance of side rails, risk and benefits of side rails use, risk for entrapment, Side rail consent was developed and were sent to all active residents' responsible party via care feed. All Nursing staff were in service on side rails evaluation upon admission, quarterly, annually and significant changes. This include side rails evaluation, alternatives used prior to installation and recommendation. A potential risk for entrapment was also discussed. Maintenance Director or designee will check all beds, side rails and mattresses every quarter and PRN for functionality and integrity Admitting nurse will evaluate the use of side rails prior to admission and consent for the use of side rails will be obtained. Unit Manager or designee will review new admission daily X 90 days and thereafter. Regional Nurses will audit 5 charts monthly for completion of side rails evaluation and consent. How the facility will monitor its corrective action to ensure that the deficient practice is being corrected and not recur? The results of these reviews will be		

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F 700	Continued From page 4	F 700	<p>discussed in daily morning meeting for immediate resolution. This will be submitted to the (Quarterly Assurance Performance Improvement QAPI) committee for review and this will be a part of Quarterly QA. Based on the results of these review/audits a decision will be made regarding the need for continued submission and reporting/review.</p> <p>Date of Completion.</p> <p>June 28, 2024.</p>		

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S 000	Initial Comments The facility is 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 (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. 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 at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were	S 560	Concern. S560 8:39-5.1(a) Mandatory Access to Care S560 (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: 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 as mandated by the State of New Jersey.	6/28/24

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S 560	<p>Continued From page 1</p> <p>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 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. For the 2 weeks of Complaint staffing from 02/20/2022 to 03/05/2022, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts, deficient in total staff for residents on 3 of 14 evening shifts, and deficient in total staff for residents on 12 of 14 overnight shifts as follows:</p> <p>-02/20/22 had 6 CNAs for 81 residents on the day shift, required at least 10 CNAs.</p> <p>-02/20/22 had 4 total staff for 81 residents on the overnight shift, required at least 6 total staff.</p> <p>-02/21/22 had 7 CNAs for 80 residents on the day shift, required at least 10 CNAs.</p> <p>-02/21/22 had 7 total staff for 80 residents on the evening shift, required at least 8 total staff.</p> <p>-02/21/22 had 4 total staff for 80 residents on the overnight shift, required at least 6 total staff.</p> <p>-02/22/22 had 5 CNAs for 80 residents on the day shift, required at least 10 CNAs.</p> <p>-02/22/22 had 5 total staff for 80 residents on the overnight shift, required at least 6 total staff.</p> <p>-02/23/22 had 6 CNAs for 80 residents on the day shift, required at least 10 CNAs.</p>	S 560	<p>For the 2 weeks of Complaint staffing from 02/20/2022 to 03/05/2022, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts, deficient in total staff for residents on 3 of 14 evening shifts, and deficient in total staff for residents on 12 of 14 overnight shifts as follows:-02/20/22 had 6 CNAs for 81 residents on the day shift, required at least 10 CNAs.-02/20/22 had 4 total staff for 81 residents on the overnight shift, required at least 6 total staff.-02/21/22 had 7 CNAs for 80 residents on the day shift, required at least 10 CNAs.-02/21/22 had 7 total staff for 80 residents on the evening shift, required at least 8 total staff.-02/21/22 had 4 total staff for 80 residents on the overnight shift, required at least 6 total staff.-02/22/22 had 5 CNAs for 80 residents on the day shift, required at least 10 CNAs.-02/22/22 had 5 total staff for 80 residents on the overnight shift, required at least 6 total staff.-02/23/22 had 6 CNAs for 80 residents on the day shift, required at least 10 CNAs.</p> <p>02/24/22 had 7 CNAs for 80 residents on the day shift, required at least 10 CNAs.-02/25/22 had 7 CNAs for 79 residents on the day shift, required at least 10 CNAs.-02/26/22 had 6 CNAs for 79 residents on the day shift, required at least 10 CNAs.-02/26/22 had 4 total staff for 79 residents on the overnight shift, required at least 6 total staff.-02/27/22 had 6 CNAs for 79 residents on the day shift, required at least 10 CNAs.-02/27/22 had 7 total staff for 79 residents on the evening shift, required at least 8 total staff.-02/27/22 had</p>	

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S 560	Continued From page 2 -02/23/22 had 5 total staff for 80 residents on the overnight shift, required at least 6 total staff. -02/24/22 had 7 CNAs for 80 residents on the day shift, required at least 10 CNAs. -02/25/22 had 7 CNAs for 79 residents on the day shift, required at least 10 CNAs. -02/26/22 had 6 CNAs for 79 residents on the day shift, required at least 10 CNAs. -02/26/22 had 4 total staff for 79 residents on the overnight shift, required at least 6 total staff. -02/27/22 had 6 CNAs for 79 residents on the day shift, required at least 10 CNAs. -02/27/22 had 7 total staff for 79 residents on the evening shift, required at least 8 total staff. -02/27/22 had 5 total staff for 79 residents on the overnight shift, required at least 6 total staff. -02/28/22 had 7 CNAs for 79 residents on the day shift, required at least 10 CNAs. -02/28/22 had 5 total staff for 79 residents on the overnight shift, required at least 6 total staff. -03/01/22 had 6 CNAs for 79 residents on the day shift, required at least 10 CNAs. -03/01/22 had 5 total staff for 79 residents on the overnight shift, required at least 6 total staff. -03/02/22 had 8 CNAs for 79 residents on the day shift, required at least 10 CNAs. -03/02/22 had 5 total staff for 79 residents on the overnight shift, required at least 6 total staff. -03/03/22 had 7 CNAs for 79 residents on the day shift, required at least 10 CNAs. -03/03/22 had 7 total staff for 79 residents on the evening shift, required at least 8 total staff. -03/03/22 had 5 total staff 79 residents on the overnight shift, required at least 6 total staff. -03/04/22 had 7 CNAs for 79 residents on the day shift, required at least 10 CNAs. -03/04/22 had 4 total staff for 79 residents on the overnight shift, required at least 6 total staff. -03/05/22 had 5 CNAs for 80 residents on the day shift, required at least 10 CNAs.	S 560	5 total staff for 79 residents on the overnight shift, required at least 6 total staff.-02/28/22 had 7 CNAs for 79 residents on the day shift, required at least 10 CNAs.-02/28/22 had 5 total staff for 79 residents on the overnight shift, required at least 6 total staff.-03/01/22 had 6 CNAs for 79 residents on the day shift, required at least 10 CNAs.-03/01/22 had 5 total staff for 79 residents on the overnight shift, required at least 6 total staff.-03/02/22 had 8 CNAs for 79 residents on the day shift, required at least 10 CNAs.-03/02/22 had 5 total staff for 79 residents on the overnight shift, required at least 6 total staff.-03/03/22 had 7 CNAs for 79 residents on the day shift, required at least 10 CNAs.-03/03/22 had 7 total staff for 79 residents on the evening shift, required at least 8 total staff.-03/03/22 had 5 total staff 79 residents on the overnight shift, required at least 6 total staff.-03/04/22 had 7 CNAs for 79 residents on the day shift, required at least 10 CNAs.-03/04/22 had 4 total staff for 79 residents on the overnight shift, required at least 6 total staff.-03/05/22 had 5 CNAs for 80 residents on the day shift, required at least 10 CNAs.-03/05/22 had 4 total staff for 80 residents on the overnight shifts as follows. 3S560S560Covernight shift, required at least 6 total staff.2. For the week of Complaint staffing from04/03/2022 to 04/09/2022, the facility was deficient in CNA staffing for residents on 7 of 7day shifts and deficient in total staff for residents on 6 of 7 overnight shifts as follows:-04/03/22 had 6 CNAs for 75 residents on the day shift, required at least 9 CNAs.-04/04/22 had 7 CNAs for 75	

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S 560	<p>Continued From page 3</p> <p>-03/05/22 had 4 total staff for 80 residents on the overnight shift, required at least 6 total staff.</p> <p>2. For the week of Complaint staffing from 04/03/2022 to 04/09/2022, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts and deficient in total staff for residents on 6 of 7 overnight shifts as follows:</p> <p>-04/03/22 had 6 CNAs for 75 residents on the day shift, required at least 9 CNAs.</p> <p>-04/04/22 had 7 CNAs for 75 residents on the day shift, required at least 9 CNAs.</p> <p>-04/04/22 had 4 total staff for 75 residents on the overnight shift, required at least 5 total staff.</p> <p>-04/05/22 had 8 CNAs for 75 residents on the day shift, required at least 9 CNAs.</p> <p>-04/05/22 had 4 total staff for 75 residents on the overnight shift, required at least 5 total staff.</p> <p>-04/06/22 had 6 CNAs for 75 residents on the day shift, required at least 9 CNAs.</p> <p>-04/06/22 had 4 total staff for 75 residents on the overnight shift, required at least 5 total staff.</p> <p>-04/07/22 had 7 CNAs for 79 residents on the day shift, required at least 10 CNAs.</p> <p>-04/07/22 had 4 total staff for 79 residents on the overnight shift, required at least 6 total staff.</p> <p>-04/08/22 had 7 CNAs for 79 residents on the day shift, required at least 10 CNAs.</p> <p>-04/08/22 had 4 total staff for 79 residents on the overnight shift, required at least 6 total staff.</p> <p>-04/09/22 had 6 CNAs for 78 residents on the day shift, required at least 10 CNAs.</p> <p>-04/09/22 had 4 total staff for 78 residents on the overnight shift, required at least 6 total staff.</p> <p>3. For the week of Complaint staffing from 05/29/2022 to 06/04/2022, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts and deficient in total staff for residents</p>	S 560	<p>residents on the day shift, required at least 9 CNAs.-04/04/22 had 4 total staff for 75 residents on the overnight shift, required at least 5 total staff.-04/05/22 had 8 CNAs for 75 residents on the day shift, required at least 9 CNAs.-04/05/22 had 4 total staff for 75 residents on the overnight shift, required at least 5 total staff.-04/06/22 had 6 CNAs for 75 residents on the day shift, required at least 9 CNAs.-04/06/22 had 4 total staff for 75 residents on the overnight shift, required at least 5 total staff.-04/07/22 had 7 CNAs for 79 residents on the day shift, required at least 10 CNAs.-04/07/22 had 4 total staff for 79 residents on the overnight shift, required at least 6 total staff.-04/08/22 had 7 CNAs for 79 residents on the day shift, required at least 10 CNAs.-04/08/22 had 4 total staff for 79 residents on the overnight shift, required at least 6 total staff.-04/09/22 had 6 CNAs for 78 residents on the day shift, required at least 10 CNAs.-04/09/22 had 4 total staff for 78 residents on the overnight shift, required at least 6 total staff.</p> <p>3. For the week of Complaint staffing from 05/29/2022 to 06/04/2022, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts and deficient in total staff for residents on 3 of 7 overnight shifts as follows:</p> <p>05/29/22 had 5 CNAs for 65 residents on the day shift, required at least 8 CNAs.-05/30/22 had 6 CNAs for 65 residents on the day shift, required at least 8 CNAs.-05/31/22 had 7 CNAs for 65 residents on the day shift, required at least 8 CNAs.-06/01/22 had 6 CNAs for 65</p>	

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S 560	<p>Continued From page 4</p> <p>on 3 of 7 overnight shifts as follows:</p> <p>-05/29/22 had 5 CNAs for 65 residents on the day shift, required at least 8 CNAs.</p> <p>-05/30/22 had 6 CNAs for 65 residents on the day shift, required at least 8 CNAs.</p> <p>-05/31/22 had 7 CNAs for 65 residents on the day shift, required at least 8 CNAs.</p> <p>-06/01/22 had 6 CNAs for 65 residents on the day shift, required at least 8 CNAs.</p> <p>-06/01/22 had 4 total staff for 65 residents on the overnight shift, required at least 5 total staff.</p> <p>-06/02/22 had 6 CNAs for 65 residents on the day shift, required at least 8 CNAs.</p> <p>-06/02/22 had 4 total staff for 65 residents on the overnight shift, required at least 5 total staff.</p> <p>-06/03/22 had 5 CNAs for 68 residents on the day shift, required at least 8 CNAs.</p> <p>-06/04/22 had 6 CNAs for 68 residents on the day shift, required at least 8 CNAs.</p> <p>-06/04/22 had 4 total staff for 68 residents on the overnight shift, required at least 5 total staff.</p> <p>4. For the week of Complaint staffing from 12/10/2023 to 12/16/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts, deficient in total staff for residents on 1 of 7 evening shifts, and deficient in total staff for residents on 7 of 7 overnight shifts as follows:</p> <p>-12/10/23 had 6 CNAs for 85 residents on the day shift, required at least 11 CNAs.</p> <p>-12/10/23 had 4 total staff for 85 residents on the overnight shift, required at least 6 total staff.</p> <p>-12/11/23 had 7 CNAs for 83 residents on the day shift, required at least 10 CNAs.</p> <p>-12/11/23 had 4 total staff for 83 residents on the overnight shift, required at least 6 total staff.</p> <p>-12/12/23 had 8 CNAs for 83 residents on the day shift, required at least 10 CNAs.</p>	S 560	<p>residents on the day shift, required at least 8 CNAs.-06/01/22 had 4 total staff for 65 residents on the overnight shift, required at least 5 total staff.-06/02/22 had 6 CNAs for 65 residents on the day shift, required at least 8 CNAs.-06/02/22 had 4 total staff for 65 residents on the overnight shift, required at least 5 total staff.-06/03/22 had 5 CNAs for 68 residents on the day shift, required at least 8 CNAs.-06/04/22 had 6 CNAs for 68 residents on the day shift, required at least 8 CNAs.-06/04/22 had 4 total staff for 68 residents on the overnight shift, required at least 5 total staff.</p> <p>4. For the week of Complaint staffing from 12/10/2023 to 12/16/2023, the facility was deficient in CNA staffing for residents on 7 of 7day shifts, deficient in total staff for residents on 1 of 7 evening shifts, and deficient in total staffer residents on 7 of 7 overnight shifts as follows:-12/10/23 had 6 CNAs for 85 residents on the day shift, required at least 11 CNAs.-12/10/23 had 4 total staff for 85 residents on the overnight shift, required at least 6 total staff.-12/11/23 had 7 CNAs for 83 residents on the day shift, required at least 10 CNAs.-12/11/23 had 4 total staff for 83 residents on the overnight shift, required at least 6 total staff.-12/12/23 had 8 CNAs for 83 residents on the day shift, required at least 10 CNAs.-12/12/23 had 5 total staff for 83 residents on the overnight shift, required at least 6 total staff.</p> <p>5. For the week of Complaint staffing from 03/03/2024 to 03/09/2024, the facility was deficient in CNA staffing for residents on 7 of 7day shifts and deficient in total</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/16/2024
NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING AT TEANECK		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 TEANECK ROAD TEANECK, NJ 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) COMPLETE DATE
S 560	<p>Continued From page 5</p> <p>-12/12/23 had 5 total staff for 83 residents on the overnight shift, required at least 6 total staff.</p> <p>-12/13/23 had 8 CNAs for 83 residents on the day shift, required at least 10 CNAs.</p> <p>-12/13/23 had 5 total staff for 83 residents on the overnight shift, required at least 6 total staff.</p> <p>-12/14/23 had 8 CNAs for 83 residents on the day shift, required at least 10 CNAs.</p> <p>-12/14/23 had 4 total staff for 83 residents on the overnight shift, required at least 6 total staff.</p> <p>-12/15/23 had 6 CNAs for 86 residents on the day shift, required at least 11 CNAs.</p> <p>-12/15/23 had 5 total staff for 86 residents on the overnight shift, required at least 6 total staff.</p> <p>-12/16/23 had 7 CNAs for 86 residents on the day shift, required at least 11 CNAs.</p> <p>-12/16/23 had 7 total staff for 86 residents on the evening shift, required at least 9 total staff.</p> <p>-12/16/23 had 4 total staff for 86 residents on the overnight shift, required at least 6 total staff.</p> <p>5. For the week of Complaint staffing from 03/03/2024 to 03/09/2024, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts and deficient in total staff for residents on 6 of 7 overnight shifts as follows:</p> <p>-03/03/24 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs.</p> <p>-03/03/24 had 6 total staff for 96 residents on the overnight shift, required at least 7 total staff.</p> <p>-03/04/24 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs.</p> <p>-03/04/24 had 6 total staff for 96 residents on the overnight shift, required at least 7 total staff.</p> <p>-03/05/24 had 7 CNAs for 96 residents on the day shift, required at least 12 CNAs.</p> <p>-03/05/24 had 6 total staff for 96 residents on the overnight shift, required at least 7 total staff.</p> <p>-03/06/24 had 8 CNAs for 96 residents on the day</p>	S 560	<p>staff for residents on 6 of 7 overnight shifts as follows:-03/03/24 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs.-03/03/24 had 6 total staff for 96 residents on the overnight shift, required at least 7 total staff.-03/04/24 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs.-03/04/24 had 6 total staff for 96 residents on the overnight shift, required at least 7 total staff.-03/05/24 had 7 CNAs for 96 residents on the day shift, required at least 12 CNAs.-03/05/24 had 6 total staff for 96 residents on the overnight shift, required at least 7 total staff.-03/06/24 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs.-03/06/24 had 6 total staff for 96 residents on the overnight shift, required at least 7 total staff. If 03/07/24 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs.-03/07/24 had 5 total staff for 96 residents on the overnight shift, required at least 7 total staff.-03/08/24 had 9 CNAs for 102 residents on the day shift, required at least 13 CNAs.-03/09/24 had 6 CNAs for 102 residents on the day shift, required at least 13 CNAs.-03/09/24 had 5 total staff for 102 residents on the overnight shift, required at least 7 total staff</p> <p>6. For the 2 weeks of staffing prior to survey from 04/28/2024 to 05/11/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts, deficient in total staff for residents on 1 of 7 evening shifts, and deficient in total staff for residents on 1 of 14 overnight shifts as follows:-04/28/24 had 9 CNAs for 106 residents on the day shift, required at least</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/16/2024
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S 560	<p>Continued From page 6</p> <p>shift, required at least 12 CNAs. -03/06/24 had 6 total staff for 96 residents on the overnight shift, required at least 7 total staff. -03/07/24 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs. -03/07/24 had 5 total staff for 96 residents on the overnight shift, required at least 7 total staff. -03/08/24 had 9 CNAs for 102 residents on the day shift, required at least 13 CNAs. -03/09/24 had 6 CNAs for 102 residents on the day shift, required at least 13 CNAs. -03/09/24 had 5 total staff for 102 residents on the overnight shift, required at least 7 total staff.</p> <p>6. For the 2 weeks of staffing prior to survey from 04/28/2024 to 05/11/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts, deficient in total staff for residents on 1 of 7 evening shifts, and deficient in total staff for residents on 1 of 14 overnight shifts as follows:</p> <p>-04/28/24 had 9 CNAs for 106 residents on the day shift, required at least 13 CNAs. -04/28/24 had 10 total staff for 106 residents on the evening shift, required at least 11 total staff. -04/28/24 had 7 total staff for 106 residents on the overnight shift, required at least 8 total staff. -04/29/24 had 10 CNAs for 103 residents on the day shift, required at least 13 CNAs. -04/30/24 had 8 CNAs for 103 residents on the day shift, required at least 13 CNAs. -05/01/24 had 9 CNAs for 102 residents on the day shift, required at least 13 CNAs. -05/02/24 had 10 CNAs for 102 residents on the day shift, required at least 13 CNAs. -05/03/24 had 10 CNAs for 102 residents on the day shift, required at least 13 CNAs. -05/04/24 had 12 CNAs for 102 residents on the day shift, required at least 13 CNAs. -05/05/24 had 12 CNAs for 102 residents on the</p>	S 560	<p>13 CNAs.-04/28/24 had 10 total staff for 106 residents on the evening shift, required at least 11 total staff.-04/28/24 had 7 total staff for 106 residents on the overnight shift, required at least 8 total staff.-04/29/24 had 10 CNAs for 103 residents on the day shift, required at least 13 CNAs.-04/30/24 had 8 CNAs for 103 residents on the day shift, required at least 13 CNAs.-05/01/24 had 9 CNAs for 102 residents on the day shift, required at least 13 CNAs.-05/02/24 had 10 CNAs for 102 residents on the day shift, required at least 13 CNAs.-05/03/24 had 10 CNAs for 102 residents on the day shift, required at least 13 CNAs.-05/04/24 had 12 CNAs for 102 residents on the day shift, required at least 13 CNAs.-05/05/24 had 12 CNAs for 102 residents on the day shift, required at least 13 CNAs.-05/06/24 had 9 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p> <p>05/07/24 had 9 CNAs for 103 residents on the day shift, required at least 13 CNAs. -05/08/24 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs. -05/09/24 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs. -05/10/24 had 11 CNAs for 105 residents on the day shift, required at least 13 CNAs. -05/11/24 had 8 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p> <p>How the corrective action will be accomplished for those residents found to be affected by the deficient practice?</p> <p>The Administrator and Director of Nursing</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/16/2024
NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING AT TEANECK		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 TEANECK ROAD TEANECK, NJ 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) COMPLETE DATE
S 560	Continued From page 7 day shift, required at least 13 CNAs. -05/06/24 had 9 CNAs for 103 residents on the day shift, required at least 13 CNAs. -05/07/24 had 9 CNAs for 103 residents on the day shift, required at least 13 CNAs. -05/08/24 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs. -05/09/24 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs. -05/10/24 had 11 CNAs for 105 residents on the day shift, required at least 13 CNAs. -05/11/24 had 8 CNAs for 105 residents on the day shift, required at least 13 CNAs.	S 560	immediately reviewed staffing schedules and modified accordingly to capture all nurses that worked in the Certified Nursing Assistant (CNA) role. No residents were affected with this deficient practice How will the facility identify other residents having the potential to be affected by the deficient practice? All residents in the Facility have the potential to be affected by the deficient practice. Therefore, this applies to all residents (current and future). What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur? 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. 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. The center shall offer overtime, incentive pay, and bonuses to current staff when a staffing shortage is identified or occurs	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/16/2024
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S 560	Continued From page 8	S 560	<p>throughout the day and/or week. 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 maintain 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>The facility will offer a free CNA class in June 2024 for eligible applicants to augment CNA staffing.</p> <p>How the facility will monitor its corrective action to ensure that the deficient practice is being corrected and not recur?</p> <p>The Administrator and Director of Nursing or designee shall review/audit the Certified Nursing Assistant (CNA) staffing schedule daily for 4 weeks, then monthly x 3 months and then quarterly to determine compliance with the state's minimum CNA staffing requirement. The Administrator shall continue to monitor the facility's recruitment and retention practices to identify potential areas of improvement. The results of these audits will be submitted to the Quality Assurance and Performance Improvement (QAPI)</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/16/2024
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S 560	Continued From page 9	S 560	<p>committee monthly for review and determination of further action. This will be a part of Quarterly Quality Assurance Program.</p> <p>Date of Completion.</p> <p>June 28, 2024.</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315037	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/5/2024
NAME OF FACILITY FAMILY OF CARING AT TEANECK	STREET ADDRESS, CITY, STATE, ZIP CODE 1104 TEANECK ROAD TEANECK, NJ 07666	

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 F0700	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.25(n)(1)-(4)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	06/28/2024	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 5/16/2024		<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 060217	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/5/2024
NAME OF FACILITY FAMILY OF CARING AT TEANECK	STREET ADDRESS, CITY, STATE, ZIP CODE 1104 TEANECK ROAD TEANECK, NJ 07666	

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	06/28/2024	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 5/16/2024		<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			

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

PRINTED: 07/15/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315037	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING AT TEANECK			STREET ADDRESS, CITY, STATE, ZIP CODE 1104 TEANECK ROAD TEANECK, NJ 07666		
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E 000	Initial Comments	E 000			
K 000	<p>An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH) on 05/13/24. The facility was found to be in compliance with 42 CFR 483.73.</p> <p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 05/13/24 and was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy.</p> <p>Family Caring at Teaneck is a two-story building that was built in the 1950's. It is composed of Type II protected construction. The facility is divided into six - smoke zones. The generator does approximately 100 % of the building per the Maintenance Director. The current occupied beds are 106 of 107.</p>	K 000			
K 541 SS=F	<p>Rubbish Chutes, Incinerators, and Laundry Chutes CFR(s): NFPA 101</p> <p>Rubbish Chutes, Incinerators, and Laundry Chutes 2012 EXISTING (1) Any existing linen and trash chute, including pneumatic rubbish and linen systems, that opens directly onto any corridor shall be sealed by fire resistive construction to prevent further use or shall be provided with a fire door assembly having</p>	K 541		6/19/24	

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

TITLE

(X6) DATE

Electronically Signed

05/29/2024

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.

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

PRINTED: 07/15/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315037	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING AT TEANECK			STREET ADDRESS, CITY, STATE, ZIP CODE 1104 TEANECK ROAD TEANECK, NJ 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	
K 541	<p>Continued From page 1</p> <p>a fire protection rating of 1-hour. All new chutes shall comply with 9.5.</p> <p>(2) Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, shall be provided with automatic extinguishing protection in accordance with 9.7.</p> <p>(3) Any trash chute shall discharge into a trash collection room used for no other purpose and protected in accordance with 8.4. (Existing laundry chutes permitted to discharge into same room are protected by automatic sprinklers in accordance with 19.3.5.9 or 19.3.5.7.)</p> <p>(4) Existing fuel-fed incinerators shall be sealed by fire resistive construction to prevent further use.</p> <p>19.5.4, 9.5, 8.4, NFPA 82</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure the linen chute door was a one-hour fire rated assembly in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 19.5.4.1. This deficient practice had the potential to affect all 106 residents who resided at the facility.</p> <p>Findings include:</p> <p>An observation on 05/13/24 at 1:28 PM revealed the linen chute which opened directly in the corridor, did not have a rating on the chute door.</p> <p>During an interview at the time of the observation, the US FOIA (b)(6) confirmed the chute the linen chute lacked the required fire rating.</p> <p>NJAC 8:39-31.2(e) NFPA 82</p>	K 541	<p>Concern.</p> <p>Tag- K541 Life Safety Code Survey</p> <p>Based on observation and interview, the facility failed to ensure the linen chute door was a one-hour fire rated assembly in accordance within 101 Life Safety Code (2012 Edition) Section 19.5.4.1. This deficient practice had the potential to affect all 106 residents who resided at the facility.</p> <p>An observation on 05/13/24 at 1:28 PM revealed the linen chute which opened directly in the corridor, did not have a rating on the chute door</p> <p>106 residents were not affected with this</p>		

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

PRINTED: 07/15/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315037	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING AT TEANECK			STREET ADDRESS, CITY, STATE, ZIP CODE 1104 TEANECK ROAD TEANECK, NJ 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	
K 541	Continued From page 2	K 541	<p>deficient practice.</p> <p>How the corrective action will be accomplished for any resident affected by deficient practice.</p> <p>Facility purchased a new chute including the door that is fire rated for 90 mins from Advance Fire door.</p> <p>Chute including the door was installed to meet the requirements of K541 on 6/19/24.</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.</p> <p>Measures to ensure were/will be put into place to assist this area of concern.</p> <p>Maintenance Director was Inservice by Regional Director regarding linen chute door in accordance within 101 Life Safety Code (2012 Edition) Section 19.5.4.1</p> <p>Maintenance Director or designee inspect the Linen chute door monthly X 12 months and thereafter to ensure compliance with NFPA 101 Life Safety Code (2012 Edition) Section 19.5.4.1.</p> <p>Regional Maintenance Director will conduct inspection quarterly to ensure compliance with NFPA 101 Life Safety Code (2012 Edition) Section 19.5.4.1.</p>		

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K 541	Continued From page 3	K 541	<p>How the concern will be monitored and title of person responsible for monitoring.</p> <p>Results of inspection will be discussed with the administrator for immediate resolution and will be discussed in monthly QAPI and this will be a part of quarterly Quality Assurance Program.</p> <p>Dates when concern will be completed.</p> <p>June 19, 2024.</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315037	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	DATE OF REVISIT 7/5/2024
NAME OF FACILITY FAMILY OF CARING AT TEANECK	STREET ADDRESS, CITY, STATE, ZIP CODE 1104 TEANECK ROAD TEANECK, NJ 07666	

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	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 5/16/2024		<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			