

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315037	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING AT TEANECK LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 TEANECK ROAD , TEANECK, New Jersey, 07666		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	<p>INITIAL COMMENTS</p> <p>A Complaint Survey was conducted on behalf of the New Jersey Department of Health.</p> <p>Complaint #'s: NJ00183295, NJ00181869, NJ00182243, NJ00187801, NJ00176550, NJ00176299, NJ00176298, and NJ00176238</p> <p>Survey Dates: 09/15/25-09/18/25</p> <p>Survey Census: 104</p> <p>Sample Size: 11</p> <p>THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>	F0000		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060217	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING AT TEANECK LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 TEANECK ROAD , TEANECK, New Jersey, 07666		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S0000	<p>Initial Comments</p> <p>A Complaint Survey was conducted on behalf of the New Jersey Department of Health.</p> <p>Complaint #'s: NJ00183295, NJ00181869, NJ00182243, NJ00187801, NJ00176550, NJ00176299, NJ00176298, and NJ00176238</p> <p>Survey Dates: 09/15/25-09/18/25</p> <p>Survey Census: 104</p> <p>Sample Size: 11</p> <p>The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long-Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.</p>	S0000		
S0560	<p>Mandatory Access to Care</p> <p>CFR(s): 8:39-5.1(a)</p> <p>The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on review of pertinent facility documentation, 09/18/2025, it was determined that the facility failed to ensure staffing ratios were met for 12 weeks of shifts reviewed. This deficient practice had the potential to affect all residents. The deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the</p>	S0560		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060217	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING AT TEANECK LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 TEANECK ROAD , TEANECK, New Jersey, 07666		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S0560	<p>Continued from page 1</p> <p>New Jersey Governor signed into law P.L. 2020 c 112, codified as 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. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>For the 2 weeks of Complaint staffing from 08/04/2024 to 08/17/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts and deficient in total staff for residents on 1 of 14 overnight shifts as follows:</p> <ul style="list-style-type: none"> -08/04/24 had 7 CNAs for 105 residents on the day shift, required at least 13 CNAs. -08/05/24 had 10 CNAs for 105 residents on the day shift, required at least 13 CNAs. -08/06/24 had 9 CNAs for 102 residents on the day shift, required at least 13 CNAs. -08/07/24 had 10 CNAs for 102 residents on the day shift, required at least 13 CNAs. -08/08/24 had 8 CNAs for 102 residents on the day shift, required at least 13 CNAs. -08/09/24 had 8 CNAs for 102 residents on the day shift, required at least 13 CNAs. -08/10/24 had 7 CNAs for 104 residents on the day shift, required at least 13 CNAs. -08/11/24 had 7 CNAs for 104 residents on the day shift, required at least 13 CNAs. -08/12/24 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs. -08/13/24 had 9 CNAs for 104 residents on the day shift, required at least 13 CNAs. 	S0560		

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060217	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING AT TEANECK LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 TEANECK ROAD , TEANECK, New Jersey, 07666		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S0560	<p>Continued from page 2</p> <p>-08/14/24 had 9 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p> <p>-08/15/24 had 9 CNAs for 102 residents on the day shift, required at least 13 CNAs.</p> <p>-08/16/24 had 8 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>-08/17/24 had 10 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>-08/17/24 had 5 total staff for 98 residents on the overnight shift, required at least 7 total staff.</p> <p>For the week of Complaint staffing from 08/25/2024 to 08/31/2024, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts and deficient in total staff for residents on 1 of 7 overnight shifts as follows:-08/25/24 had 7 CNAs for 96 residents on the day shift, required at least 12 CNAs.</p> <p>-08/26/24 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs.</p> <p>-08/27/24 had 10 CNAs for 96 residents on the day shift, required at least 12 CNAs.</p> <p>-08/28/24 had 7 CNAs for 96 residents on the day shift, required at least 12 CNAs.</p> <p>-08/29/24 had 9 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p> <p>-08/29/24 had 6 total staff for 101 residents on the overnight shift, required at least 7 total staff.</p> <p>-08/30/24 had 8 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p> <p>-08/31/24 had 10 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p> <p>For the 7 weeks of Complaint staffing from 12/15/24 to 02/01/2025, the facility was deficient in CNA staffing for residents on 49 of 49 day shifts as follows:-12/15/24 had 9 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-12/16/24 had 9 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-12/17/24 had 9 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p>	S0560		

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060217		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING AT TEANECK LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 TEANECK ROAD , TEANECK, New Jersey, 07666			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S0560	<p>Continued from page 3</p> <p>-12/18/24 had 10 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p> <p>-12/19/24 had 10 CNAs for 100 residents on the day shift, required at least 12 CNAs.</p> <p>-12/20/24 had 9 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>-12/21/24 had 10 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>-12/22/24 had 8 CNAs for 97 residents on the day shift, required at least 12 CNAs.</p> <p>-12/23/24 had 10 CNAs for 97 residents on the day shift, required at least 12 CNAs.</p> <p>-12/24/24 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs.</p> <p>-12/25/24 had 7 CNAs for 97 residents on the day shift, required at least 12 CNAs.</p> <p>-12/26/24 had 10 CNAs for 97 residents on the day shift, required at least 12 CNAs.</p> <p>-12/27/24 had 8 CNAs for 97 residents on the day shift, required at least 12 CNAs.</p> <p>-12/28/24 had 10 CNAs for 97 residents on the day shift, required at least 12 CNAs.</p> <p>-12/29/24 had 8 CNAs for 97 residents on the day shift, required at least 12 CNAs.</p> <p>-12/30/24 had 10 CNAs for 97 residents on the day shift, required at least 12 CNAs.</p> <p>-12/31/24 had 9 CNAs for 97 residents on the day shift, required at least 12 CNAs.</p> <p>-01/01/25 had 9 CNAs for 97 residents on the day shift, required at least 12 CNAs.</p> <p>-01/02/25 had 10 CNAs for 96 residents on the day shift, required at least 12 CNAs.</p> <p>-01/03/25 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs.</p>	S0560			

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060217		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING AT TEANECK LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 TEANECK ROAD , TEANECK, New Jersey, 07666			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S0560	<p>Continued from page 4</p> <p>-01/04/25 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs.</p> <p>-01/05/25 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs.</p> <p>-01/06/25 had 10 CNAs for 99 residents on the day shift, required at least 12 CNAs.</p> <p>-01/07/25 had 6 CNAs for 99 residents on the day shift, required at least 12 CNAs.</p> <p>-01/08/25 had 11 CNAs for 99 residents on the day shift, required at least 12 CNAs.</p> <p>-01/09/25 had 10 CNAs for 102 residents on the day shift, required at least 13 CNAs.</p> <p>-01/10/25 had 10 CNAs for 102 residents on the day shift, required at least 13 CNAs.</p> <p>-01/11/25 had 8 CNAs for 102 residents on the day shift, required at least 13 CNAs.</p> <p>-01/12/25 had 11 CNAs for 106 residents on the day shift, required at least 13 CNAs.</p> <p>-01/13/25 had 10 CNAs for 106 residents on the day shift, required at least 13 CNAs.</p> <p>-01/14/25 had 8 CNAs for 106 residents on the day shift, required at least 13 CNAs.</p> <p>-01/15/25 had 9 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p> <p>-01/16/25 had 9 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p> <p>-01/17/25 had 10 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p> <p>-01/18/25 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p> <p>-01/19/25 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p> <p>-01/20/25 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p>	S0560			

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060217	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING AT TEANECK LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 TEANECK ROAD , TEANECK, New Jersey, 07666		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S0560	<p>Continued from page 5</p> <p>-01/21/25 had 11 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-01/22/25 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-01/23/25 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-01/24/25 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-01/25/25 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs.</p> <p>-01/26/25 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs.</p> <p>-01/27/25 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p> <p>-01/28/25 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p> <p>-01/29/25 had 10 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p> <p>-01/30/25 had 11 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p> <p>-01/31/25 had 9 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p> <p>-02/01/25 had 11 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>For the 2 weeks of Complaint staffing from 08/31/2025 to 09/13/2025, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-08/31/25 had 9 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p> <p>-09/01/25 had 9 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-09/02/25 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-09/03/25 had 11 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p>	S0560		

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060217	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING AT TEANECK LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 TEANECK ROAD , TEANECK, New Jersey, 07666		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S0560	<p>Continued from page 6</p> <p>-09/04/25 had 11 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-09/05/25 had 11 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-09/06/25 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-09/07/25 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-09/08/25 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-09/09/25 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-09/10/25 had 11 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-09/11/25 had 12 CNAs for 107 residents on the day shift, required at least 13 CNAs.</p> <p>-09/12/25 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p> <p>-09/13/25 had 10 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p>	S0560		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315037	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/17/2025
NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING AT TEANECK LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 TEANECK ROAD , TEANECK, New Jersey, 07666		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/17/2025 in relation to the X09/18/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060217		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/17/2025
NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING AT TEANECK LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 TEANECK ROAD , TEANECK, New Jersey, 07666			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/17/2025 in relation to the 09/18/2025 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		
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: corrected.		S0560		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------