STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315346	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW JERSEY VETERANS MEMORIAL HOME AT PARAMUS	1 VETERANS DRIVE , PARAMUS, New Jersey, 07652

(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 Complaint #: 2655892 Survey Dates: 12/3/25 Survey Census: 205 Sample Size: 4 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.	F0000		12/26/2025
F0609 SS = D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.	F0609	F609 SS=D 483.12(c)(1) 483.129(c)(4) I. Staff was in serviced on grievances and reportable events on 12.19.25 by administrator. Alleged violations involving abuse, neglect, exploitation or mistreatment, including NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) are reported immediately, but not later than 2 hours after the NJ Ex Order 26.4(b) is made. Report the results of all investigations to the administrator or the designee within 5 working days of the incident. II. All residents have the potential to be affected by this deficient practice. III. Staff was in-serviced (by Administrator on 12.19.25 at morning clinical meeting) and measures put into place to prevent the reoccurrence. The education dept continued in-services for other shifts during the month of December. The facility's policy "incident Reporting and Completion" included the following	01/09/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315346	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW JERSEY VETERANS MEMORIAL HOME AT PARAMUS	1 VETERANS DRIVE , PARAMUS, New Jersey, 07652

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F0609 SS = D	Continued from page 1 This REQUIREMENT is NOT MET as evidenced by: Based on interviews, medical record reviews, and review of other pertinent facility documentation on NJ Ex Order 26, it was determined that the facility failed to report within two hours to the New Jersey Department of Health (NJDOH) an NJ Ex Order 26.4(b) involving NJ Ex Order 26.4(b)(1) for a resident. This deficient practice was identified for 1 of 4 residents reviewed for NJ Ex Order (Resident #2), and was evidenced by the following: A review of the Facility Reportable Event (FRE) submitted to the NJDOH was dated NJ Ex Order 26, 4B NJ Ex Order 26 an NJ Ex Order 26, 4B1 for Resident #2 occurred on NJ Ex Order 26, 4B. On 10/27/25, the Social Worker (SW#1), interviewed Resident #2 regarding NJ Ex Order 26, 4B1 that was discovered on NJ Ex Order 26, 4B1. When SW#1, originally interviewed Resident #2 on NJ Ex Order 26, 4, Resident #2 stated that they had NJ Ex Order 26, 4B1 On NJ Ex Order 26, 4, Resident #2 told their U.S. FOIA, (b) (2)) that NJ Ex Order 26, 4B1 which prompted SW#1 to reinterview the resident regarding the NJ Ex Order 26, 4B1 According to the Resident Face Sheet (RFS), Resident #2 was admitted to the facility with diagnoses which included but were not limited to NJ Ex Order 26, 4B1 [redacted] A review of the Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26, Resident #2 had a Brief Interview of Mental Status (BIMS) score of NJ Ex Order, which indicated Resident #2's NJ Ex Order 26, 4B1. A review of Resident #2's Care Plan (CP) revealed that the CP had been updated on NJ Ex Order 26, 4 under "Problems/Strengths", "Resident #2 claimed that on NJ Ex Order 26, 4B while being NJ Ex Order 26, 4B1 that he/she NJ Ex Order 26, 4B1 2 caregivers."	F0609	Continued from page 1 information under "State Notification": The facility shall notify the NJ Department of Health immediately by phone Hot Line 1-800-792-9770, 609-633-9034 after hours, The Office of the Ombudsman 877-582-6995 and Veterans Administration (Janet.coley-lima@va.gov) 908-647-0180 ext 214647 for any of the following: Abuse-witnessed or suspected Neglect-willful deprivation of services or inadequate care resulting in injury Exploitation-using another's resources for personal gain. Unexplained injury. The Resident Care Plan (Resident #2) will reflect the date of the (FRE) Facility reportable Event to comply with facility policy and State compliance. IV. The Administer or designee will audit allegations of injuries of unknown origin for a resident The audits will be completed and turned to the DON for tracking and trending Outcomes will be reviewed at the monthly Quality Assurance performance and Improvement Committee meeting for three months or until the committee agrees the problem is corrected. Audits to commence in January 2026.	

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NEW JERSEY VETERANS MEMORIAL HOME AT PARAMUS	1 VETERANS DRIVE , PARAMUS, New Jersey, 07652

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F0609 SS = D	Continued from page 2 A review of the Occurrence Journal from the facility numbered [redacted] revealed that the facility was made aware of Resident #2's [redacted] which led to an investigation by the facility. A review of the Electronic Mail (Email) between SW#1 and the [redacted] dated [redacted] at [redacted], revealed that Resident #2 was [redacted] was caused [redacted] On 12/3/25 at 9:39 AM., the surveyor interviewed the [redacted] who stated that if a resident were to [redacted] that would be a reportable event and she would notify her supervisor. She further stated that if a resident had reported to a family member that they had been [redacted] because this was the resident's story the facility would treat it the same way as an [redacted] On 12/3/25 at 11:24 AM., the surveyor interviewed SW #1 who stated that she had been notified by the [redacted] that there had [redacted] regarding Resident #2 and that she had been instructed to interview Resident #2 regarding their [redacted] Resident #2 On 12/3/25 at 12:25 PM., the surveyor interviewed the [redacted] with the [redacted] present, and she stated that the facility began looking into Resident #2's [redacted]. At this time the surveyor requested both the [redacted] and [redacted] to look at the FRE and both the [redacted] and [redacted] confirmed the FRE was reported [redacted] to the DOH. On 12/3/25 at 12:34 PM., during the interview with the [redacted], the [redacted] stated the FRE date of [redacted] could have been a typo. The surveyor presented the email correspondence between the [redacted] and SW#1 confirming that the [redacted] was notified on [redacted] of Resident #2's [redacted] which caused [redacted] The surveyor also presented Resident #2's CP to the [redacted] and [redacted], which indicated that the CP had been updated [redacted] to include Resident #2's [redacted] by caregivers. When asked who could have updated the CP on [redacted] both [redacted] and [redacted] could not answer the surveyor. When further questioned if there was a way to check who had changed the CP, both parties stated they could not. A review of the facility's policy titled "Incident	F0609		

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F0609 SS = D	Continued from page 3 Reporting and Completion" dated August 2023, included the following information under "State Notification": Facility shall notify the New Jersey Department of Health and Senior Services immediately by the phone, Hot line 1-800-792-9770, 609-633-9034 (609-392-2020 after hours) the Office of the Ombudsman 877-582-6995 and Veterans Administration Janet.Coley-Lima@va.gov 908-647-0180 ext.214647 for any of the following: 1. Abuse-witnessed or suspected 2. Neglect-willful deprivation of services or inadequate care resulting in injury 3. Exploitation- using another's resources for personal gain 4. Unexplained injury NJAC 8:39-4.1(a)5	F0609		

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 1/14/26 in relation to the 12/3/25 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		

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