

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315132		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/20/2026	
NAME OF PROVIDER OR SUPPLIER CareOne at The Highlands				STREET ADDRESS, CITY, STATE, ZIP CODE 1350 INMAN AVENUE , EDISON, New Jersey, 08820			
(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 #: 2698987 Census: 108 Sample Size: 4 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 SURVEY.			F0000			06/10/2026

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061202		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/20/2026	
NAME OF PROVIDER OR SUPPLIER CareOne at The Highlands				STREET ADDRESS, CITY, STATE, ZIP CODE 1350 INMAN AVENUE , EDISON, New Jersey, 08820			
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S0000	Initial Comments 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.		S0000			06/10/2026	
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: Complaint #: 2698987 Based on interviews and review of facility documents on 5/20/26, it was determined that the facility failed to ensure staffing ratios were met for 5 of 21-day shifts reviewed. This deficient practice had the potential to affect all residents. 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 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: 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		S0560	The Administrator and the Director of Nursing immediately reviewed the daily staffing to ensure the minimum direct care staff-to-resident ratios: 1) one certified nurse aide to every 8 residents for the day shift; 2) one direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and 3) one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a certified nurse aide and perform certified nurse aide duties. On June 15, 2026, the Administrator posted a flyer near the employee timeclock to educate non-direct care staff on the Certified Nursing Assistant course being offered at a sister facility. The Director of Nursing requested assistance from Care One facilities to assist with CNA staffing. The Director of Nursing and Director of Rehab assigned patients to Occupational and Physical Therapist to assist with morning activities of daily living. The Administrator implemented a "weekend warrior campaign" to hire for weekend staffing needs.		06/15/2026	

Office of Primary Care and Health Systems Management

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S0560	Continued from page 1 that each direct care staff member shall sign in to work as a CNA and perform CNA duties. For the 1 week of complaint survey staffing from 12/21/25-12/27/25, the facility was deficient in CNA staffing for residents on 2 of 7 day shifts as follows: -12/21/25 had 11 CNAs for 94 residents on the day shift, required at least 12 CNAs. -12/23/25 had 11 CNAs for 94 residents on the day shift, required at least 12 CNAs. For the 2 weeks of staffing prior to survey from 5/3/26-5/16/26, the facility was deficient in CNA staffing for residents on 3 of 14 day shifts as follows: -5/4/26 had 11 CNAs for 100 residents on the day shift, required at least 12 CNAs. -5/10/26 had 10 CNAs for 99 residents on the day shift, required at least 12 CNAs. -5/16/26 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs.		S0560	Continued from page 1 The Administrator implemented an incentive program for staff including shift pick up bonuses. No residents were adversely affected by this practice. 2. All residents have the potential to be affected by this practice. 3. On June 15, 2026, the Administrator and Director of Nursing provided education to the staffing coordinator that included but was not limited to the state regulations for CNA staffing: 1:8 for 7-3p; 1:10 for 3-11p; 1:14 for 11-7a. The facility utilized social media, employment sites, and recruitment efforts to hire new staff members. Facility assigned patients to physical and occupational therapy to assist with morning activity of daily living. The facility scheduled Licensed Practical Nurses to work as Certified Nursing Aides. The facility has implemented an incentive program including pick up bonuses, sign-on bonuses, and referral bonuses for employees referring staff where appropriate. The facility utilized a Talent Acquisition Representative to assist with setting up interviews with qualified candidates. 4. The Director of Nursing or designee will review staffing daily to ensure Certified Nursing Assistant staffing meets the minimum staff- to-resident ratios. The audit will be conducted daily on an ongoing basis. The Director of Nursing or designee will report findings of staff-to- resident ratios to the Administrator and the Quality Assurance Performance Improvement Committee (QAPI) at the		06/15/2026	

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S0560				S0560	Continued from page 2 monthly meeting on an on-going basis. The QAPI committee will review and determine the need for further follow up.		06/15/2026

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 6/22/26 in relation to the 5/20/26 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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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 6/22/26 in relation to the 5/20/26 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			

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