

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315472	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/30/2025
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NAME OF PROVIDER OR SUPPLIER CAREONE AT EAST BRUNSWICK	STREET ADDRESS, CITY, STATE, ZIP CODE 599 CRANBURY ROAD , EAST BRUNSWICK, New Jersey, 08816
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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	INITIAL COMMENTS NJ#2562791 Complaint Survey: 10/30/25 CENSUS: 93 SAMPLE: 3 The facility was in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, 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
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NJNDFH9U	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/30/2025
NAME OF PROVIDER OR SUPPLIER CAREONE AT EAST BRUNSWICK			STREET ADDRESS, CITY, STATE, ZIP CODE 599 CRANBURY ROAD , EAST BRUNSWICK, New Jersey, 08816	
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S0000	Initial Comments Survey date: 10/30/25 Census: 92 Sample size: 3 Complaint # 2562791 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.	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: 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 effective on 02/01/2021:	S0560	1. 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 eight residents for the day shift; One direct care certified nursing aide to every eight 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 2. All residents have the potential to be affected. 3. On 10/30/25, 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 fpr 7-3, 1:10 for 3-11 pm; 1:14 for 11-7 am.	12/03/2025

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1</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>For the 2 weeks of AAS-11 staffing, the facility was deficient in CNA staffing for residents on 9 of 14 day shifts as follows:</p> <p>-10/12/25 had 7 CNAs for 102 residents on the day shift, required at least 13 CNAs.</p> <p>-10/13/25 had 11 CNAs for 100 residents on the day shift, required at least 12 CNAs.</p> <p>-10/16/25 had 11 CNAs for 100 residents on the day shift, required at least 12 CNAs.</p> <p>-10/19/25 had 9 CNAs for 102 residents on the day shift, required at least 12 CNAs.</p> <p>-10/21/25 had 10 CNAs for 101 residents on the day shift, required at least 12 CNAs.</p> <p>-10/22/25 had 12 CNAs for 101 residents on the day shift, required at least 12 CNAs.</p> <p>-10/23/25 had 10 CNAs for 100 residents on the day shift, required at least 12 CNAs.</p> <p>-10/24/25 had 11 CNAs for 99 residents on the day shift, required at least 12 CNAs.</p> <p>-10/25/25 had 9 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>Review of the policy titled, "Staffing, Sufficient and Competent Nursing" dated August 2022, number 8 indicated that the minimum staffing requirements imposed by the state, if applicable, are adhered to when determining staff ratios but are not necessarily considered a determination of sufficient and competent staffing.</p>	S0560	<p>Continued from page 1</p> <p>The facility utilized social media, employment sites and recruitment efforts to hire new staff members.</p> <p>The facility has implemented an incentive program including shift pick up bonuses, and referral bonuses for employees referring staff where appropriate.</p> <p>The facility utilized an agency to assist with setting up interview with qualified candidates.</p> <p>4. The Director of Nursing or designee with review staffing daily to ensure Certified Nursing Assistant staffing meets the minimum staff to resident ratios.</p> <p>This audit will be conducted daily on an on-going basis.</p> <p>The direct of Nursing or designee will report the findings of staff-to-resident ratios to the Administrator and the Quality Assurance Performance Improvement Committee (QAPI) at the monthly meetings on an on-going basis.</p> <p>The QAPI Committee will review and determine the need for further follow up.</p> <p>5. Completion date: November 7, 2025</p>	12/03/2025

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NAME OF PROVIDER OR SUPPLIER CAREONE AT EAST BRUNSWICK			STREET ADDRESS, CITY, STATE, ZIP CODE 599 CRANBURY ROAD , EAST BRUNSWICK, New Jersey, 08816	
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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on XX/XX/XXXX in relation to the XX/XX/XXXX Recertification 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 XX/XX/XXXX in relation to the XX/XX/XXXX State of New Jersey Re-Licensure 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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