

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>315468</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>11/07/2025</b>	
NAME OF PROVIDER OR SUPPLIER <b>CAREONE AT PARSIPPANY</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 MAZDABROOK ROAD , PARSIPPANY TROY HILL, New Jersey, 07054</b>			
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F0000	<p>INITIAL COMMENTS</p> <p>Complaint ID #: 409367</p> <p>Survey Date: 11/7/25</p> <p>Census: 86</p> <p>Sample Size: 3</p> <p>A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.</p>			F0000			11/20/2025
F0684 SS = D	<p>Quality of Care</p> <p>CFR(s): 483.25</p> <p>§ 483.25 Quality of care</p> <p>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Complaint #409367</p> <p>Based on observation, interview, record review and review of pertinent facility documentation, it was determined that the facility failed to ensure a resident received treatment and care in accordance with professional standards of practice and the facility's policies and procedures for 1 of 2 residents, Resident #1, reviewed for <b>NJ Exec Order 26</b> care.</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined</p>			F0684	<p>Resident #1 was discharged from the facility on <b>NJ Exec Order 26</b></p> <p>On 11/15/25 the Director of Nursing (DON) provided in-service education to the <b>US FOIA (b)(6)</b> on the facility's policy titled, "Physician Orders for Consultation." <b>US FOIA (b)(6)</b> verbalized understanding of the education.</p> <p>All residents with wounds have the potential to be affected by this practice.</p> <p>On 11/15/25 the Director of Nursing (DON) provided in-service education to the Licensed Practical Nurses (LPNs) and the Registered Nurses (RNs) on the facility's policy titled, "Physician Orders for Consultation." Nursing staff acknowledged understanding of the education.</p> <p>On 11/7/25 the DON and the Assistant Director of Nursing (ADON) conducted an audit of all residents with orders for wound care to ensure recommendations were followed accordingly. There were no untoward findings of the audit</p> <p>Nursing staff were re-educated on the facility's Physician Notification, Consultant Communication, and Wound Care policies, including the requirement to document notification of the physician and response.</p> <p>The Wound Care Communication Checklist was implemented for all WCC visits to ensure all recommendations are</p>		11/30/2025

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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F0684 SS = D	<p>Continued from page 1 as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>On 11/7/25 at 10:30 AM, the surveyor reviewed the electronic medical record (EMR) of Resident #1.</p> <p>The Admission Record (a summary of important information about the resident) documented the resident had diagnoses that included but were not limited to, <b>NJ Exec Order 26.4b1</b></p> <p>A quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated <b>NJ Exec Order 26.4b1</b>, indicated the facility assessed the resident's <b>NJ Exec Order 26.4b1</b> using a Brief Interview Mental Status (BIMS) test. Resident #1 scored a <b>NJ Exec Order 26.4b1</b> out of 15, which indicated the resident was <b>NJ Exec Order 26.4b1</b>. In <b>NJ Exec Order 26.4b1</b> of the MDS, Resident #1 was coded as having <b>NJ Exec Order 26.4b1</b></p> <p>A nurse progress note by Licensed Practical Nurse (LPN) #1, dated <b>NJ Exec Order 26.4b1</b>, indicated the resident's <b>NJ Exec Order 26.4b1</b> during <b>NJ Exec Order 26.4b1</b> care was noted with a <b>NJ Exec Order 26.4b1</b> inside the <b>NJ Exec Order 26.4b1</b>. LPN #1 documented she informed the <b>US FOIA (b)(6)</b> and the primary physician. The resident was to be seen by the <b>US FOIA (b)(6)</b> on <b>NJ Exec Order 26.4b1</b></p> <p>A <b>US FOIA (b)(6)</b> note dated <b>NJ Exec Order 26.4b1</b> revealed the resident was being treated for a <b>NJ Exec Order 26.4b1</b> and a <b>NJ Exec Order 26.4b1</b>. The <b>NJ Exec Order 26.4b1</b> were both classified as <b>NJ Exec Order 26.4b1</b>. The left</p>	F0684	<p>Continued from page 1 documented and communicated to the physician the same day.</p> <p>The DON/ADON will review every WCC note within 24 hours to ensure physician notification and completion of recommended orders.</p> <p>All licensed nurses received education regarding signs of worsening wounds and the requirement to complete incident reports for wound deterioration</p> <p>The Director of Nursing (DON) or designee will audit recommendations provided by the wound care consultant to ensure compliance with the recommendations. Audits will be conducted on 5 residents weekly x 4 weeks, then monthly x 3 months, then quarterly x 2 quarters with results provided to the Administrator and the Quality Assurance Performance Improvement (QAPI) committee monthly x 3 months.</p> <p>The QAPI committee meets monthly and will review the audits and provide recommendation for further audits as needed</p>	

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F0684 SS = D	<p>Continued from page 2</p> <p>NJ Exec Order 26.4b1 was assessed as being with NJ Exec Order and NJ Exec Order 26.4b1 ) and noted as improving. The resident's NJ Exec was assessed as being NJ Exec Order 26.4b1 in NJ Exec with NJ Exec Order or NJ Exec Order 26.4b1. The NJ Exec Order 26.4b1 made additional recommendations to consult with the primary physician to consider NJ Exec Order 26.4b1 and a NJ Exec Order 26.4b1.</p> <p>A US FOIA (b)(7)(C) note dated NJ Exec Order 26.4b1 revealed the resident was being treated for a NJ Exec Order 26.4b1 and a NJ Exec Order 26.4b1. The NJ Exec Order 26.4b1 was assessed as being NJ Exec Order 26.4b1 in NJ Exec with NJ Exec Order and NJ Exec Order 26.4b1 and noted with no change. The resident's NJ Exec Order 26.4b1 was assessed as being NJ Exec Order 26.4b1 in size with NJ Exec Order or NJ Exec Order 26.4b1 and noted with no change. The US FOIA (b)(7)(C) made additional recommendations to consult with the primary physician to consider NJ Exec Order 26.4b1 and a NJ Exec Order 26.4b1.</p> <p>There was no follow up note to indicate communication with the primary physician regarding the US FOIA (b)(7)(C) additional recommendations.</p> <p>A nurse progress note by LPN #1 dated NJ Exec Order 26.4b1 documented that during NJ Exec Order 26.4b1 care the resident's NJ Exec Order 26.4b1 had NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 inside NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 LPN #1 indicated the US FOIA (b)(7)(C) was made aware and would reach out to NJ Exec Order 26.4b1 care for orders.</p> <p>There was no follow up note to indicate communication with the primary physician or the US FOIA (b)(7)(C) at this time regarding the resident's NJ Exec Order 26.4b1 status.</p> <p>A US FOIA (b)(7)(C) note dated NJ Exec Order 26.4b1 revealed the resident was being treated for a NJ Exec Order 26.4b1. The NJ Exec Order 26.4b1 was assessed as being NJ Exec Order 26.4b1 with NJ Exec Order and NJ Exec Order 26.4b1. The resident's NJ Exec Order 26.4b1 was assessed as being NJ Exec Order 26.4b1 with NJ Exec Order or NJ Exec Order 26.4b1. Both NJ Exec Order 26.4b1 were noted as NJ Exec Order 26.4b1. The US FOIA (b)(7)(C) made additional recommendations to consult with the primary physician to consider NJ Exec Order 26.4b1 and a NJ Exec Order 26.4b1.</p> <p>There was no follow up note to indicate communication with the primary physician regarding the US FOIA (b)(7)(C) additional recommendations.</p> <p>A US FOIA (b)(7)(C) note dated NJ Exec Order 26.4b1 revealed the resident's NJ Exec Order 26.4b1 had a measurement of NJ Exec Order 26.4b1.</p>	F0684		

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F0684 SS = D	<p>Continued from page 3</p> <p>in with and . The resident's was assessed as being with and of . The recommended to continue current treatment orders with no additional orders.</p> <p>A note dated revealed the resident's a in size with a and . The resident's with and amount of . The recommended to change treatment to with ; ; with daily and as needed (PRN); ; and monitor for changes. The additionally recommended for a .</p> <p>A nurse progress note dated revealed the resident had a with recommendation for to be done.</p> <p>An (NJ Exec Order 26.4b1) consult note dated indicated the resident was seen for possibly . The (US FOIA (b)(6)) indicated the resident's was assessed and did not appear . The had no recommendations for treatment; to monitor the resident off at this time; pending with the , and to continue care treatment.</p> <p>A review of progress notes revealed there was no documentation of follow up with the primary physician regarding the additional recommendations to consider and a . There were no progress notes written by the primary physician found in the resident's medical record regarding follow up for their .</p> <p>On 11/7/25 at 12:54 PM, the surveyor interviewed the who stated if a resident had a an incident report would be completed. It would be reported to the physician and the for treatment orders and the resident representative (RR) would also be notified. The explained a NJ Ex Order 26.4(b)(1) was indicated by a . The stated the physician should be notified as soon as possible regarding recommendations to determine if they agreed or disagreed with the recommendations. Additionally, the notification to the physician should be documented in the EMR, under progress notes.</p>	F0684		

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F0684 SS = D	<p>Continued from page 4</p> <p>The surveyor asked the [US FOIA (b)] about Resident #1. The [US FOIA (b)] recalled the resident's [US FOIA (b)] had episodes of [US FOIA (b)] then [US FOIA (b)] and the resident had a problem with [US FOIA (b)] (NJ Exec Order 26.4b1). The [US FOIA (b)] could not recall specifics from [US FOIA (b)] about the [US FOIA (b)] recommendation and communication with the physician. The [US FOIA (b)] stated she would have to look in the resident's medical record to provide additional information. The [US FOIA (b)] stated the [US FOIA (b)] no longer consulted at the facility.</p> <p>On 11/7/25 at 1:06 PM, the surveyor interviewed LPN #1 who stated if a resident had a [US FOIA (b)] it would be reported to the physician and the [US FOIA (b)] for treatment orders. The [US FOIA (b)] stated the [US FOIA (b)] would conduct [US FOIA (b)] care rounds with the [US FOIA (b)] and follow up on their recommendations.</p> <p>The surveyor asked LPN #1 about Resident #1. The LPN recalled the resident and that they had a [US FOIA (b)] which received [US FOIA (b)] care; the [US FOIA (b)] and [US FOIA (b)] was consulted. LPN #1 could not recall specifics from [US FOIA (b)] and [US FOIA (b)] regarding the [US FOIA (b)] recommendation and communication with the physician.</p> <p>On 11/7/25 at 1:15 PM, the surveyor interviewed the [US FOIA (b)] who stated if a resident had a [US FOIA (b)] an incident report would be completed; it would be reported to the physician and the [US FOIA (b)] for treatment orders; and the resident and/or RR would be notified. The [US FOIA (b)] stated the physician should be notified regarding [US FOIA (b)] recommendations to determine if they agreed or disagreed with the recommendations. The [US FOIA (b)] further explained the notification to the physician should be documented in the EMR under progress notes. The surveyor informed the [US FOIA (b)] of the concern there was no documentation of follow up with the physician regarding [US FOIA (b)] recommendations and the resident's [US FOIA (b)] status. The [US FOIA (b)] stated she would review the resident's medical records to provide additional information.</p> <p>On 11/7/25 at 3:14 PM, the [US FOIA (b)] and the [US FOIA (b)] met with the surveyor. The [US FOIA (b)] stated she did not find any incident report for Resident #1's [US FOIA (b)] physician progress notes, or documentation of notification to the primary physician regarding [US FOIA (b)] recommendations for possible [US FOIA (b)] and [US FOIA (b)]. There was no additional information provided by the facility.</p> <p>The surveyor reviewed the facility policy titled "Physician Orders for Consultation" with a last revised date of 1/5/22. Under Purpose revealed: "...Ensure that</p>			F0684			

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F0684 SS = D	<p>Continued from page 5 attending physicians are timely apprised of the findings and recommendations of consultants and specialists..."</p> <p>The surveyor reviewed the facility policy titled "Physician Progress Notes" with a last revised date of February 2008. Under Policy Statement revealed, "Physician progress notes must be maintained for each resident." Under Policy Interpretation and Implementation revealed: "...2. Physician progress notes reflect the resident's progress and response to his or her care plan, medications, etc..."</p> <p>The surveyor reviewed the facility provided policy titled "Pressure Ulcers/Skin Breakdown- Clinical Protocol" with a last revised date of April 2018. Under Monitoring revealed: "...</p> <p>1. During resident visits, the physician will evaluate and document the progress of wound healing-especially for those with complicated, extensive, or poorly-healing wounds.</p> <p>2. The physician will guide the care plan as appropriate, especially when wounds are not healing as anticipated or new wounds develop despite existing interventions..."</p> <p>N.J.A.C. 8:39-3.2 (a), (b); 19.4; 27.1 (a)</p>			F0684			

New Jersey State Department of Health

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S0000	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.		S0000			11/30/2025	
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 interview, and 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 for Certified Nurse Aides (CNA).  This deficient practice was evidenced by the following:  Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes.  Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21.  1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios:		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 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 certified nurse aide duties.  No residents were adversely affected by this practice.  All residents have the potential to be affected.  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 has implemented an employment opportunity for Certified Nursing Assistants including pay in lieu of benefits for full time positions at a higher rate.  The facility has implemented an incentive program including sign-on bonuses for new hires, and referral bonuses for employees referring staff where appropriate.		11/30/2025	

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1</p> <p>(1) one certified nurse aide to every eight residents for the day shift;</p> <p>(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</p> <p>(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</p> <p>b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census.</p> <p>c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place.</p> <p>(2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.</p> <p>(3) All computations shall be based on the midnight census for the day in which the shift begins.</p> <p>d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ...</p> <p>1. A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for a 3 week period beginning 10/27/2024 to 11/02/2024 revealed the facility was not in compliance with the State of New Jersey minimum staffing requirements for residents on 7 of 7 day shifts as follows:</p> <p>-10/27/24 had 5 CNAs for 68 residents on the day shift, required at least 8 CNAs.</p>			S0560	<p>Continued from page 1</p> <p>The facility has implemented a significant above market rate for nurses and certified nursing assistant.</p> <p>The facility has been utilizing nursing agency staff as needed to meet Certified Nursing Assist CNA staffing needs.</p> <p>The facility completed orientation on 11/19/2025 with 3 Certified Nursing Assistant 1 FT, 1 Part Time and 1 Per Diem to assist with open position.</p> <p>The Director of Nursing or designee will 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 Director 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 meeting on an on-going basis.</p> <p>The QAPI committee will review and determine the need for further follow up.</p>		

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S0560	<p>Continued from page 2</p> <p>-10/28/24 had 7 CNAs for 66 residents on the day shift, required at least 8 CNAs.</p> <p>-10/29/24 had 7 CNAs for 66 residents on the day shift, required at least 8 CNAs.</p> <p>-10/30/24 had 6 CNAs for 66 residents on the day shift, required at least 8 CNAs.</p> <p>-10/31/24 had 6 CNAs for 66 residents on the day shift, required at least 8 CNAs.</p> <p>-11/01/24 had 6 CNAs for 66 residents on the day shift, required at least 8 CNAs.</p> <p>-11/02/24 had 4 CNAs for 66 residents on the day shift, required at least 8 CNAs.</p> <p>Beginning 10/19/2025 to 11/01/2025 revealed the facility was not in compliance with the State of New Jersey minimum staffing requirements for residents on 8 of 14 day shifts as follows:</p> <p>-10/19/25 had 8 CNAs for 89 residents on the day shift, required at least 11 CNAs.</p> <p>-10/20/25 had 9 CNAs for 89 residents on the day shift, required at least 11 CNAs.</p> <p>-10/21/25 had 10 CNAs for 89 residents on the day shift, required at least 11 CNAs.</p> <p>-10/23/25 had 10 CNAs for 89 residents on the day shift, required at least 11 CNAs.</p> <p>-10/24/25 had 10 CNAs for 88 residents on the day shift, required at least 11 CNAs.</p> <p>-10/26/25 had 9 CNAs for 86 residents on the day shift, required at least 11 CNAs.</p> <p>-10/28/25 had 8 CNAs for 84 residents on the day shift, required at least 10 CNAs.</p> <p>-11/01/25 had 7 CNAs for 88 residents on the day shift, required at least 11 CNAs.</p> <p>On 11/7/25 at 1:44 PM, the surveyor interviewed the facility staffing coordinator (SC). The surveyor asked the SC about staffing policies and procedures for the facility. The SC stated that the facility follows the state regulations for staffing ratios and hours and for</p>			S0560			

New Jersey State Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>PSIFQU</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>11/07/2025</b>	
NAME OF PROVIDER OR SUPPLIER <b>CAREONE AT PARSIPPANY</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 MAZDABROOK ROAD , PARSIPPANY TROY HILL, New Jersey, 07054</b>			
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S0560	<p>Continued from page 3 the day shift there should be 8 CNA to 1 resident.</p> <p>The facility did not provide any further pertinent information.</p> <p>The surveyor reviewed the facility provided policy titled Staffing, Sufficient and Competent Nursing. The policy reflected, under the following:</p> <p>6. Staffing numbers...of direct care staff are determined by the needs of the residents based on each resident's plan of care, the resident assessments and the facility assessment.</p> <p>8. 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> <p>The facility did not provide any further pertinent information.</p>		S0560				
S1680	<p>Mandatory Nurse Staffing</p> <p>CFR(s): 8:39-25.2(b)(1)&amp;(2)</p> <p>(b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a)) on the basis of:</p> <p>1. Total number of residents multiplied by 2.5 hours/day; plus</p> <p>2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day:</p> <p>Wound care 0.75 hour/day</p> <p>Nasogastric tube feedings and/or gastrostomy 1.00 hour/day</p> <p>Oxygen therapy 0.75 hour/day</p>		S1680	<p>the facility leadership team met to identify staffing challenges and areas of improvement for licensed and certified staffing needs.</p> <p>On 11/10/25 the Director of Nursing offered conditional employment to 1 Certified Nursing Assistant for a full time position Pending of her Background results.</p> <p>On 11/11/25 the Director of Nursing offered conditional employment to 1 Licensed Practical Nurse for a full time position pending results of his criminal background check.</p> <p>On 11/18/25 the Director of Nursing offered conditional employment to 1 Certified Nursing Assistant for a Part time position pending results of his/her criminal background check.</p> <p>On 11/18/2025 The director of Nursing offered conditional employment to 1 Nurse Assistant for a Per Diem Position pending of Her criminal background check Result.</p> <p>No residents were adversely affected by this practice.</p> <p>All resident has the potential to be affected.</p> <p>Director of Nursing Completed a review of Mandatory nurse staffing for the preceding 30 days was completed to ensure no additional deficiencies were present. Any variances found were addressed, and staffing levels</p>		11/30/2025	

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NAME OF PROVIDER OR SUPPLIER <b>CAREONE AT PARSIPPANY</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 MAZDABROOK ROAD , PARSIPPANY TROY HILL, New Jersey, 07054</b>			
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S1680	<p>Continued from page 4</p> <p>Tracheostomy 1.25 hours/day</p> <p>Intravenous therapy 1.50 hours/day</p> <p>Use of respirator 1.25 hours/day</p> <p>Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview, and 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.</p> <p>This deficient practice was evident in review of the Nurse Staffing Reports for the weeks of 10/19/2025 to 11/01/2025 where it was determined that the facility failed to provide at least minimum staffing levels for 5 of 14 days staffing.</p> <p>The required staffing hours and actual staffing hours are as follows:</p> <p>For the week of 10/19/25</p> <p>Required Staffing Hours: 279.75</p> <p>-10/19/25 had 248 actual staffing hours, for a difference of -31.75 hours.</p> <p>-10/20/25 had 264 actual staffing hours, for a difference of -15.75 hours.</p> <p>For the week of 10/26/25</p> <p>Required Staffing Hours: 273.0</p> <p>-10/26/25 had 256 actual staffing hours, for a difference of -17.0 hours.</p> <p>-10/28/25 had 256 actual staffing hours, for a difference of -17.0 hours.</p> <p>-11/01/25 had 272 actual staffing hours, for a</p>			S1680	<p>Continued from page 4 were brought into immediate compliance.</p> <p>Director of Nursing re-educated Staffing Coordinator on N.J.A.C. 8:39-25.2(b)(1)&amp;(2), including the requirement to calculate staffing hours based on census multiplied by 2.5 hours plus additional hours for specific clinical services such as wound care, oxygen, IV therapy, tube feedings, tracheostomy care, and other defined high-acuity needs.</p> <p>A daily staffing calculation tool was implemented that automatically computes required direct care hours based on the midnight census and acuity.</p> <p>The DON or designee will validate required hours and scheduled hours for all three shifts prior to the start of each day.</p> <p>The nursing staff Schedule has been updated to reflect mandatory adherence to NJ-required staffing hour.</p> <p>The DON or designee will complete daily audits for 4 weeks, ensuring scheduled hours meet or exceed the required calculation. · Thereafter, audits will occur weekly for 2 months, then monthly for an additional 3 months.</p> <p>The QAPI committee meets monthly and will review the audits and provide recommendation for further audits as needed.</p>		

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NAME OF PROVIDER OR SUPPLIER <b>CAREONE AT PARSIPPANY</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 MAZDABROOK ROAD , PARSIPPANY TROY HILL, New Jersey, 07054</b>			
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S1680	<p>Continued from page 5 difference of -1.0 hours.</p> <p>On 11/7/25 at 1:44 PM, the surveyor interviewed the facility staffing coordinator (SC). The surveyor asked the SC about staffing policies and procedures for the facility. The SC stated that the facility follows the state regulations for staffing ratios and hours.</p> <p>The facility did not provide any further pertinent information.</p> <p>The surveyor reviewed the facility provided policy titled Staffing, Sufficient and Competent Nursing. The policy reflected, under the following:</p> <p>6. Staffing numbers...of direct care staff are determined by the needs of the residents based on each resident's plan of care, the resident assessments and the facility assessment.</p> <p>8. 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>			S1680			

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>315468</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>11/07/2025</b>	
NAME OF PROVIDER OR SUPPLIER <b>CAREONE AT PARSIPPANY</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 MAZDABROOK ROAD , PARSIPPANY TROY HILL, New Jersey, 07054</b>			
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F0000	INITIAL COMMENTS  Revisit in compliance:  An offsite/desk review of the facility's Plan of Correction was conducted on 12/24/2025 in relation to the 11/07/2025 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
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S0000	<p>Initial Comments</p> <p>SOOO:</p> <p>Revisit in compliance:</p> <p>An offsite/desk review of the facility's Plan of Correction was conducted on 12/24/2025 in relation to the 11/07/2025 State of New Jersey Re-Licensure / 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</p>		S0000				

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