STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315306	A. Building B. Wing	05/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Careone at New Milford	800 River Road New Milford, NJ 07646

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Complaint #: 2712392, 2983958 Based on interviews and review of pertinent facility documents, it was determined that the facility failed to implement their abuse policy to ensure a criminal background check (CBC) was completed prior to hire for one of three staff (Business Office Manager) reviewed for CBCs. This deficient practice was evidenced by the following:On 05/15/2026, the surveyor reviewed three employee files which revealed the following: Review of the employee file for the Business Office Manager (BOM) revealed a date of hire (DOH) of 04/22/2013. Further review of the BOM's employee file revealed a CBC dated 05/07/2026. An interview was conducted with the Licensed Nursing Home Administrator (LNHA) on 05/15/2026 at 3:55 PM. The LNHA stated that the facility's BOM was hired in 2013 and transferred to the facility from another facility in the network. The LNHA stated that a CBC should have been done on the BOM before she was hired but it could not be located, so one was completed on 05/07/2026. The LNHA stated that it would make sense to have someone in the role of BOM with a clean background to prevent financial exploitation. The LNHA further stated that he would need to verify that the policy of the organization at the time the BOM was hired required her to have a CBC before she was hired. Review of a follow-up email from the LNHA on 05/18/2026 at 9:57 AM, revealed that when the BOM was hired by the organization in 2013, and when the BOM transferred to the facility in 2017 it was not policy to perform a CBC. Review of a follow up email from the LNHA dated 05/18/2026 at 5:08 PM, revealed that the BOM provided three references. There was no evidence provided that the references were checked or contacted. The surveyor requested evidence that the BOM's references were checked on 05/20/2026 at 9:59 AM, and again on 05/22/2026 at 11:13 AM. No evidence of reference checks for the BOM was provided to the surveyor. The surveyor requested the facility policy related to CBCs for the BOM's DOH. A review of the facility policy Pre-employment & Annual Background Checks with a date written of June 2007, and a revised/reviewed date of June 2007 was conducted. The LNHA provided the policy to the surveyor as the policy that was effective when the BOM was hired. Under Policy the policy revealed Criminal Record Information reports are requested for all new employees, independent contractors, volunteers and interns through third party consumer reporting agency. NJAC 8:39-9.3(a)3

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 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