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	07/01/2026

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on observation, interview, record review, and review of other pertinent facility documentation, it was determined that the facility failed to provide sufficient nursing staff to ensure staff signed the resident's medical records as medications and treatments provided for 1 of 35 residents (Resident #47). This deficient practice was evidenced by the following: On 6/24/26 at 9:50 AM, the surveyor observed Resident #47 lying in bed with enteral feeding in place. On 6/25/26 at 9:15 AM, the surveyor reviewed the medical record for Resident #47. A review of the admission Record or face sheet (an admission summary) revealed diagnoses which included, but were not limited to; late effects of cerebral infarction, aphasia following cerebral infarction, dysphagia, dementia, epilepsy, hypertension, and gastrostomy status. A review of the resident's comprehensive Minimum Data Set (MDS), an assessment tool, with an Assessment Reference Date (ARD) of 4/5/26, indicated the resident was rarely or never understood, and had a tube feeding (TF). A review of the physician orders, dated as of 6/25/26, included multiple scheduled medications (meds) administered via the resident's percutaneous endoscopic gastrostomy (PEG) tube and enteral feeding orders. A review of the electronic Medication Administration Record (eMAR) for the evening shift of 6/19/26, revealed no meds were documented as administered for the entire medication (med) pass. Further review of the medical record failed to reveal a nursing progress note indicating the resident was out of the facility, refused meds, or any other explanation for the absence of med administration documentation. On 6/25/26 at 9:45 AM, the surveyor interviewed the Registered Nurse/Unit Manager (RN/UM), who stated she worked a double shift on 6/19/26, because of a nursing call-out, short staff, she forgot to document that the meds had been administered during the evening shift. She further stated that she worked as a med nurse at that time. On 6/30/26 at 10:50 AM, the DON acknowledged that the RN/UM had worked two consecutive shifts due to a call-out, and forgot to document administering the resident's meds during the evening med pass. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's Administering Medications Policy, revised April 2019, included, meds are administered in a safe and timely manner, as prescribed. The policy further included that required med administration documentation includes recording the date and time the med was administered, the dosage, the route of administration, and the signature and title of the person administering the drug On 7/1/26 at 12:24 PM, the survey team met with the DON, ADON, RLNHA, VPSCP for an exit conference, and the LNHA did not provide additional information. NJAC 8:39-25.2(b); 27.2(h)