STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. Building B. Wing	05/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Careone at Oradell	600 Kinderkamack Road Oradell, NJ 07649

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. NJ #298824 Based on observation, interview, and record review it was determined that the facility failed to maintain the privacy for 4 of 4 residents (Resident #12, Resident #66, and 2 unsampled residents) during resident council meeting by 2 of 2 Recreation Aides and dignity of 1 of 4 residents (1 unsampled resident) during incontinence round and 1 of 4 residents (Resident #12) with regard to their personal care.The deficient practice was evidenced by the following. 1.On 5/6/26 at 10:10 AM, Surveyor #1 (S #1) and Surveyor #2 (S #2) met with the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON) during an entrance conference meeting. The LNHA and DON agreed to set up the resident council meeting on 5/11/26 at 10:30 AM. The LNHA stated that he would notify Unsampled Resident #1 (UR #1) of the resident council meeting and the other residents who would be attending the meeting of the date and time. He further stated that meeting would be on the 2nd (second) floor of the small activity room. S #1 asked for copy of resident council list of residents who would attend and the copy of the last three months' minutes to be provided to S #1 tomorrow (5/7/26). On 5/11/26 at 9:49 AM, S #1 followed up with the LNHA with the list of residents who would be attending the resident council meeting, and he stated that he would get back to S #1. On 5/11/26 at 10:00 AM, the DON provided a list of residents who would be attending the resident council meeting that included UR #1, Unsampled Resident #2 (UR #2), Resident #12, and Resident #66. On 5/11/26 at 10:25 AM, S #1 went to the 2nd floor activity room and met UR #1 and the Director of Recreation (DR). The DR informed S #1 that the rest of the residents were on their way to the meeting. The DR asked S #1 if she was needed in the meeting and S #1 notified the DR that the resident council meeting would be only between S #1 and the residents that required privacy, then, the DR left the room and closed the two doors. On 5/11/26 at 10:50 AM, UR #2 entered the room and stated that they thought the meeting was set at 10:30 AM, and asked as to why there were only two residents in the meeting. UR #1 and UR #2 agreed to start the resident council meeting. After 10 minutes, Resident #12 and Resident #66 entered the room. Resident #12 informed S #1 that they were not aware the meeting would start at 10:30 AM, not until today, and was rushed to the meeting by the staff even though they did not wash their face yet. 2. On that same date at 11:12 AM, during the resident council meeting, Recreation Aide #1 (RA #1) entered the room without knocking. At that same time, after RA #1 left the room, Resident #66 stated that they experienced that some staff entered their room without knocking first and that did not bother them. Resident #66 further stated that the staff did not knock probably due to familiarity. Furthermore, UR #2 stated that a lot of times the door was open in their room, staff saw the resident incident the room, the staff would enter the room without knocking. UR #2 confirmed it happened to them as well. At 11:25 AM, Recreation Aide #2 (RA #2) entered the room without knocking on the door while the resident council meeting was on going. RA #2 entered the room with a backpack bag and stayed inside the room for about three minutes while he was fixing his ID (identification) card and personal stuff. Afterward, S #1 notified RA #2 of the ongoing meeting with four residents and requested privacy, and then RA #2 left the room. On 5/11/26 at 12:41 PM, S #1 met with the DR and the Director of Social Services (DSS), and S #1 notified of the above concerns with regard to the timeliness of the meeting, that Resident #12 was unable to wash (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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	their face prior to the resident council meeting, and two Recreation Aides who entered the closed door meeting without knocking. On that same date and time, the DR stated, I was notified this morning of the resident council meeting and was asked who should be in the meeting. The DR further stated that residents' dignity and privacy should have been respected. 3. On 5/12/26 at 9:55 AM, S #1 was accompanied by the Infection Preventionist Nurse (IPN) during incontinence round of Unsampled Resident #3 (UR #3) inside their room. UR #3 voiced out concern with regard to their privacy curtain which was unable to fully cover their area (inside the room) when the IPN was about to check their incontinence brief. The IPN acknowledged the concern of UR #3 and stated that she would ask someone to replace the privacy curtain. Afterward, the IPN then proceeded to the incontinence care with the assistance of a male Certified Nursing Aide (CNA). S #1 also notified the IPN of the concern with the metal part of the privacy curtain that they were not all properly hooked. On 5/12/26 at 11:00 AM, the survey team met with the LNHA and DON, and S #1 notified them of the above findings and concerns. On 5/13/26 at 11:48 AM, the survey team met with the DON and the LNHA stated that there was a miscommunication of the time of resident council meeting, and care was rendered to Resident #12 after surveyor's inquiry. He further stated that education was provided to recreation aids about knocking prior to entering the room. A review of the facility's Resident Rights Policy that was provided by the DON, with a revision date of October 2025, revealed that, employees shall treat all residents with kindness, respect, and dignity. A review of the facility's Dignity Policy that was provided by the DON, with a revision date of October 2025, revealed that, residents are treated with dignity and respect at all times.Policy Interpretation and Implementation:Each resident is care for in a manner that promotes and enhances individuality, a sense of well-being, satisfaction with life, and feelings of self-worth and self-esteem.5. When assisting with care, residents are supported in exercising their rights. For example, residents are encouraged to:a. Maintain personal grooming styles.6. Residents' private space and property are respected at all times.7. Staff are expected to knock and request permission before entering residents' rooms.11. Staff promote, maintain, and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures. On 5/13/26 at 1:37 PM, the survey team met with the LNHA DON, and the Regional Nurse of Clinical Services, and there was no additional information provided by the LNHA and the DON. N.J.A.C. 8:39-4.1(a)(12,16,22, 24), 27.1(a)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. NJ #2601805, #2966040, and 2734209Based on interview and review of facility documentation, it was determined that the facility failed to follow its Grievances/Complaints, Filing policy and procedure by failing to; a.) conduct a formal investigation of a grievance filed by a resident and followed through, b.) prompt efforts to resolve grievances to the satisfaction of the resident, and c.) actions on such issues responded to in writing, including rationale for the response. This deficient practice was identified for 2 of 3 months of resident council meeting minutes.This deficient practice was evidenced by the following: On 5/11/26 at 9:49 AM, the surveyor reviewed the last three months' resident council minutes (RCM) that were provided by the Licensed Nursing Home Administrator (LNHA) that included but were not limited to, and revealed: A review of the 2/24/26 RCM included information that Unsampled Resident #1 (UR #1) had concerns about aides being loud and disruptive and displayed the lack of consideration during the night shifts. UR #1 also had concern with 11:00 PM – 7:00 AM (11-7 shift) Certified Nursing Aides (CNAs) not performing their tasks efficiently. A review of the 3/17/26 RCM included information that the previous meeting held on February 2026, was read by the Director of Recreation (DR). There was no documented evidence that the concerns of UR #1 were addressed. A review of the 4/21/26 RCM included information that residents had issues with: -A resident stated there was no proper communication. -Staffing at the weekend continued to be a serious issue. -A resident stated some of the care partners (also known as a CNA) walk past the rooms on their phone and do not assist or answer the call bell. Further review of the 4/21/25 RCM revealed that the Director of Nursing (DON) will investigate and in-service the aids on cell phone usage during shifts. The above RCM did not include information that the facility had conducted a formal investigation of a grievance filed by residents and followed through for concerns of residents with regard to UR #1's concerns about aides being loud and disruptive and displayed the lack of consideration during the night shifts, and the concern that the 11-7 shift CNAs did not perform their tasks efficiently; nor a resident stated there was no proper communication, and staffing at the weekend continued to be a serious issue. Furthermore, there was no documented evidence that there were prompt efforts to resolve grievances to the satisfaction of the resident(s) and actions on such issues responded to in writing, including rationale for the response. On 5/11/26 at 10:50 AM, during the resident council meeting of the surveyor with Resident #12, Resident #66, UR #1, and Unsampled Resident #2 (UR #2), the residents had concerns with call bell (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	response that were affecting the toileting and care of the residents. UR #1 stated that some of the concerns brought out during last three months resident council meeting continued to be an issues and the facility management verbal respond was we are working on it. The residents confirmed there were no written resolution provided for their concerns. A review of the provided binder for Grievance for 2026 revealed that there was no documented evidence that the concerns in the RCM on 2/24/26 and 4/21/26 were investigated, had a written resolution, and filed. On 5/11/26 at 12:41 PM, the surveyor met with the Director of Recreation (DR) and the Director of Social Services (DSS), and the surveyor asked them about the facility's process with regard to grievance. The DSS stated he was responsible for grievances, and he was the Grievance Officer. The DSS further stated that anyone could write grievance not only the Social Worker (SW), and whoever initiated the grievance, the form would be then given to the SW as the gatekeeper of the form. He also stated, when we received the form, we try to resolve in timely manner. At that same time, the surveyor asked the DSS what was considered a grievance, and the DSS responded, any concerns or complaints coming from residents or family members were considered a grievance needed to be investigated, resolved, and filed. The DSS confirmed that whatever in the white grievance binder provided to the surveyor was the grievance that were filed. On that same date and time, the surveyor notified the concern that the RCM on 2/24/26 and 4/21/26 concerns of the residents had no documented grievances in the file provided and that UR #1 confirmed that there were no documented resolution provided to them. The DSS confirmed that the concerns of the residents in the resident council meeting were considered grievances and acknowledged should have been filed as a grievance. Furthermore, the DR informed the surveyor that I did not file the grievance because the DON was present during the resident council meeting. The DR also confirmed that there were no written resolution of the residents' concerns and acknowledged that there were no other documentation of residents' concerns except the provided RCM. The DSS stated that grievance should be done to ensure that residents being satisfied and also as customer service to the residents. On 5/11/26 at 1:26 PM, the surveyor interviewed the DON regarding process with RCM when there was a concern brought by residents during the meeting if that would be considered a grievance. The DON stated that there was a form that the DR had utilized. The DON further stated that she was unsure if the DR handed the form to the SW. At that same time, the surveyor notified the DON of the above findings and concerns with the RCM that were not documented in the grievance, not filed as a grievance, and no written resolution that was provided to the residents, or there was a decision accepted by the residents. The DON stated I understand what you mean, and it was upsetting 100% that there was no grievance filed and seeing the grievance binder. She also stated that she was aware of the grievance regulation. On 5/12/26 at 11:00 AM, the survey team met with the LNHA and DON, and the surveyor notified them of the above findings and concerns. On 5/13/26 at 11:48 AM, the survey team met with the DON and the LNHA stated that education was completed on 5/11/26 with Social Services and DR regarding grievance process and policy. (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the facility's Grievances/Complaints, Filing Policy that was provided by the DON, with an edited date of 6/23/22, revealed under policy statement, residents and their representatives have the right to file grievances, either orally or in writing, to the facility staff or to the agency designated to hear grievances. The administrator and staff will make prompt efforts to resolve grievances to the satisfaction of the resident and/or representative. Policy Interpretation and Implementation. 3.All grievances, complaints or recommendations stemming from resident or family groups concerning issues of resident care in the facility will be considered. Actions on such issues will be responded to in writing, including a rationale for the response. 12. b. A written summary of the investigation will also be provided for the resident, and a copy will be filed in the business office. 14. The results of all grievances files, investigated and reported will be maintained on file for a minimum of three years from the issuance of the grievance decision. On 5/13/26 at 1:37 PM, the survey team met with the LNHA DON, and the Regional Nurse of Clinical Services, and there was no additional information provided by the LNHA and the DON. NJAC 8:39-4.1(a)12; 13.2(c)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. REPEAT DEFICIENCYComplaint NJ #2601805, #2727668, #2734209, and #2966040Based 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 a.) residents received timely and appropriate incontinence care for 6 of 8 residents (Residents #12, #17, #66, and Unsampled Residents #1, #2, and #4) and b.) staff responded to call bell timely for 2 of 33 residents (Residents #17 and #110) observed, to achieve their highest practical wellbeing. This deficient practice was evidenced by the following: On 5/11/26 at 9:49 AM, the surveyor reviewed the last three months' resident council minutes (RCM) that were provided by the Licensed Nursing Home Administrator (LNHA) that included but were not limited to, and revealed: A review of the 4/21/26 RCM included information that residents had issues with: -A resident stated there was no proper communication. -Staffing at the weekend continued to be a serious issue. -A resident stated some of the care partners (also known as a Certified Nursing Aide or CNA) walk past the rooms on their phone and do not assist or answer the call bell. Further review of the 4/21/25 RCM revealed that the Director of Nursing (DON) will investigate and in-service the aids on cell phone usage during shifts. On 5/11/26 at 11:28 AM, during the resident council meeting of the surveyor with Residents #12, #66, Unsampled Resident #1 (UR #1), and Unsampled Resident #2 (UR #2), the residents had concerns with call bell response that were affecting the toileting and care of the residents. UR #1 stated that some of the concerns continued to be an issues and the facility management verbal respond was we are working on it. On 5/11/26 at 1:22 PM, the surveyor reviewed the CNA accountability tasks of four residents that were mentioned by UR #1 during resident council meeting with concerns call bell response and toileting assistance in the electronic medical records and revealed: -Unsampled Resident #3 (UR #3)=the following days did not have three shifts documentation of bladder incontinence/toilet for 30 days lookback period: 4/14/26, 4/15, 4/18, 4/21, 4/22, 4/23, 5/3, and 5/5/26. The resident also cared planned for bladder incontinence. -Unsampled Resident #4 (UR #4)=the following days did not have three shifts documentation of bladder incontinence/toilet for 30 days lookback period: 4/18/26, 4/19, 4/21, 5/3, and 5/5/26. The resident also cared planned for bladder incontinence. -Unsampled Resident #5 (UR #5)=the resident was care planned for indwelling catheter. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Unsampled Resident #6 (UR #6)=the following days did not have three shifts documentation of bladder incontinence/toilet for 30 days lookback period: 4/18/26, 4/23, and 5/3/26. The resident also cared planned for bladder and bowel incontinence. On 5/12/26 at 9:17 AM, the surveyor toured 2 North unit and observed UR #3 seated in a wheelchair inside their room, who stated that there was concern with short staffing for a while that affected call bell response and toileting. UR #3 further stated the most recent one was last night at 2:00 AM, they rang for more than 20 minutes, and no one responded. On 5/12/26 at 9:38 AM, the surveyor with Certified Nursing Aide #1 (CNA #1) and CNA #2 accompanied the surveyor inside UR #6's room. UR #6 informed the surveyor that CNAs worked hard even though they were shorthanded almost every day and every shift. Outside UR #6's room, the surveyor interviewed CNA #1, who informed the surveyor that today she had eight residents in her assignment, had been eight since the survey team was at the facility, but prior to survey team's visit, they had 12 residents in her assignments, and worse in the weekends. On 5/12/26 at 9:55 AM, the surveyor went to the 2 South nursing station and observed Resident #17 in the call bell monitor was on for 14 minutes. The surveyor asked the Infection Preventionist Nurse (IPN) to accompany the surveyor to Resident #17's room. On that same date and time, both the surveyor and the IPN observed Resident #17 on bed with call light on and wanted the incontinence brief to be changed. The IPN checked the resident's incontinence brief, and both surveyor and IPN observed the incontinence brief was soaked wet with urine and smelled urine inside the room. The IPN confirmed the smell of urine and incontinence brief was soaked with urine, and she stated that the resident should have been changed. On 5/13/26 at 9:01 AM, the surveyor asked CNA #3 to accompany the surveyor to UR #4's room for incontinence round. CNA #3 repositioned UR #4 and both CNA #3 and the surveyor observed UR #4 with double incontinence briefs soaked with urine and feces up to resident's back. CNA #3 confirmed that the resident did not look like was changed yet since this morning and stated could not speak of why the resident had two incontinence briefs. At that same time, UR #4 stated that they did not ask for double incontinence briefs, and it was the CNA who placed it. UR #4 was unable to identify the CNA who put the double incontinence briefs. On 5/13/26 at 9:09 AM, the surveyor notified the IPN about the above concern with UR #4's double incontinence briefs soaked wet with urine and feces up to resident's back. The IPN stated that the resident should not have double incontinence briefs. On 5/12/26 at 11:00 AM, the survey team met with the LNHA and DON, and the surveyor notified them of the above findings and concerns. On 5/13/26 at 11:48 AM, the survey team met with the DON and the LNHA stated that he spoke to the residents about the efforts to attract new staff and the facility's continued hiring process. The LNHA further stated that we have continued to hire new staff and educate on the need to answer call lights in a timely manner, education started on 5/12/26, and was on going for incontinence care. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the facility's Staffing, Sufficient and Competent Nursing Policy that was provided by the Regional Nurse of Clinical Services (RNCS), with a revision date of March 2026, revealed, the facility provides sufficient nursing staff with appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment. Staffing levels are routinely reviewed and adjusted to meet or exceed current federal and state long-term care requirements, ensuring compliance with applicable regulations. Policy Interpretation and Implementation. 2.Licensed nurses and CNAs are available 24 hours a day, seven days a week to provide competent care services including: a. ensuring resident safety. d. responding to resident needs. 6. Nurse aides/nursing assistants are individual providing nursing or related services to residents in the facility, including those who provide services through an agency or under a contract with the facility. 8. Factors to considered in determining appropriate staffing ratios and skills include an evaluation of the diseases, conditions, physical or cognitive limitations of the resident population, and acuity. 9. Minimum staffing requirements imposed by state or federal regulations, if applicable, are adhered to when determining staff ratios but are not necessarily considered a determination of sufficient and competent staffing. A review of the facility's Activities of Daily Living (ADL), Supporting Policy that was provided by the LNHA, with a revision date of March 2018, revealed, residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out ADLs. Residents who are unable to carry out ADLs independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Policy Interpretation and Implementation. 2.including appropriate support and assistance with: Hygiene. Elimination (toileting) . On 5/13/26 at 1:37 PM, the survey team met with the LNHA DON, and the RNCS, and there was no additional information provided by the LNHA and the DON. NJAC 8:39-25.2(b); 27.2(h)