STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315369	A. Building B. Wing	09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Careone at Valley	300 Old Hook Road Westwood, NJ 07675

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, document review, interviews, and policy review, the facility failed to ensure that temperatures were obtained for all altered food prior to serving. This had the potential to negatively impact seven residents (Residents (R)16, R22, R8, R48, R52, R102, R86) who received Pureed food, seven residents (R18, R28, R46, R58, R104, R74, R90) who received Soft & Bite sized prepared foods, and two residents (R31, R1) who received Minced & Moist prepared food out of 85 residents reviewed for diet texture. Finding included: Review of the facility's policy titled, Food Preparation and Services dated 2001 revealed, .Mechanically altered hot foods prepared for a modified consistency diet remain above 135 degrees F (Fahrenheit) during preparation or they are reheated to 165 degrees F for holding for hot service. During an observation and interview on 09/24/25 at 11:35 AM, the regular textured food was on the steam table and food temperatures were taken with the Dietary Manager (DM) present. The foods included plain pasta, vegetable medley, meatballs, shrimp scampi, and gravy. All temperatures were in the safe temperature range. The DM provided the Food Temperature/Sanitation Records dated 09/01/25 through 09/23/25. Review of 23 of 23 records revealed dietary staff had not obtained the temperature for the Small & Bite Sized, the Minced & Moist and the Pureed food. The DM stated they do not take the temperature of the altered food. He stated they would use the regular textured food temperatures for the altered food also. He confirmed altered food included Small & Bite Sized, Minced & Moist and Pureed. During an interview on 09/24/25 at 11:40 AM, the Administrator stated that the dietary staff did not need to take the temperature of the altered food because the temperature had been taken for the regular texture food which was satisfactory. During an interview on 09/24/25 at 2:34 PM, the Registered Dietician (RD) stated all food, regardless of texture, should be in the correct temperature range. During an interview on 09/25/25 at 3:01 PM, the Director of Nursing (DON) said it was important to have altered food at a safe temperature, and all food should be verified as it is in the correct temperature range prior to serving. NJAC 8:39-17.2(g)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on interview, record review, and policy review, the facility failed to ensure one resident (Resident (R) 66) of 24 residents reviewed was invited to their scheduled care plan conference. Specifically, the facility failed to invite R66 to her care conference to discuss discharge plans. This had to potential to cause R66 uncertainty about her plan of care. Findings include: Review of the facility's policy titled Care Planning - Interdisciplinary Team dated 03/2022 revealed, Care plan meetings are scheduled at the best time of the day for the resident and family when possible.If it is determined that participation of the resident or representative is not practicable for development of the care plan, an explanation is documented in the medical record. Review of R66's Face Sheet located in the electronic medical record (EMR) under the Profile tab revealed an admission date of 09/11/25 with medical diagnosis of chronic obstructive pulmonary disease with exacerbation. Review of R66's annual Minimum Data Set (MDS) located in the EMR under the MDS tab with an assessment reference date (ARD) of 09/12/25 revealed a Brief Interview for Mental Status (BIMS) score of 14 out of 15 indicating R66 was cognitively intact. Review of the Care Conference Progress Note dated 09/18/25 located in the EMR under the Progress Note tab revealed, Family meeting held on 09/18/25 via phone. Department and individuals present are Social Services; Rehab; Nursing; Nutrition; Family participated in assessment and goal setting. Names of active participants: In attendance was the resident's cousin [cousin name] via phone call. Resident's overall goal is to be discharged to the community. (Apartment). During an interview on 09/22/25 at 10:15 AM, R66 stated, they don't tell me what is going on, I'd like to know when I'm going home. During an interview 9/24/25 at 9:16 AM, the Social Services Assistant (SSA) stated on the first day a resident admits to the facility she will complete the initial assessment and discuss the care conference. She stated at this time she will determine a date for the conference. She said if the resident is alert and oriented, she will ask the resident and ask if they had family they would like to invite to the conference. The SSA stated that when they held conference, R66 did not attend only R66's cousin. She stated she would document if the resident was asked and refused or if the resident attended. During an interview on 09/24/25 at 10:47 AM, the Director of Nursing (DON) stated residents should always be invited to their care conference. She stated if a resident refuses the SSA should document the refusal and document the reason for not going to the care conference. She stated the facility should always follow the policy. NJAC 8:39-11.2(e)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. Based on record review, interview, review of the McGeer's Infection Symptom Tracking criteria, and policy review, the facility failed to ensure one of two residents (Resident (R)71) reviewed for antibiotic use out of a sample of 24 residents received an antibiotic with justification for its use. This had the potential for R71 to receive an antibiotic unnecessarily and could potentially contribute to the development of antibiotic-resistant bacteria.Findings include:Review of the facility's policy titled Antibiotic Stewardship - Review and Surveillance of Antibiotic Use and Outcomes dated 12/2016revealed, The purpose of our Antibiotic Stewardship Program is to monitor the use of antibiotics in our residents.Review of the McGeer Criteria for Infection Surveillance Checklist revealed, .Clostridium Difficile Must fulfill 1 and 2, At least one of the following criteria: 1a. Diarrhea: ˆ (greater than) 3 liquid or watery stools above what is normal for the resident within 24h[hour], b. Presence of toxic megacolon (radiologic finding of abnormal large bowel dilatation) 2. At least one of the following diagnostic criteria: a. Stool sample positive for C difficile toxin A or B, or detection of toxin-producing C difficile by culture or PCR in stool sample, b. Pseudomembranous colitis identified in endoscopic exam, surgery, or histopathologic exam of biopsy specimen.Review of R71's admission Record from the electronic medical record (EMR) Profile tab showed an admission date of 09/04/25, with medical diagnoses that included chronic kidney disease, dementia, and congestive heart failure.Review of R71's Lab Report from the EMR under the Results tab, dated 09/16/25 revealed C. difficile PCR (Clostridium difficile, Polymerase Chain Reaction) Result Negative.Review of R71's Clinical Physician Orders from the EMR under the Orders tab revealed R71 received Vancomycin HCL (antibiotic medication) Solution 250 MG (milligram)/5 ML [milliliters] Give 2.5 ml by mouth every 6 hours for PPX (prophylaxis) for c-diff for 10 days. Start date 09/16/25. During an interview on 09/22/25 at 2:45 PM, Registered Nurse (RN) 3 stated R71 did not have C. difficile, and staff did not need to use any precautions when working with R71. She stated R71 had negative lab results for C. difficile but is taking Vancomycin prophylactic because of loose stools. During an interview on 09/24/25 at 2:00 PM, the Assistant Director of Nursing/Infection Preventionist (ADON/IP) stated R71 was started on Vancomycin prophylactic because she had C. difficile in the past. She stated they follow the McGeer's Infection Symptom Tracking criteria for Antibiotic Stewardship. During an interview on 09/25/25 at 2:14 PM, the ADON/IP stated she had talked to the doctor who said, he wanted to finish the course of antibiotics. She stated R71 did not have active Cdifficile but it was suspected because of her loose stools. She stated there were references of two loose stools in the progress notes. During an interview on 09/25/25 at 3:01 PM, the Director of Nursing (DON) stated it was important to follow the McGeer's Infection Symptom Tracking Criteria for Antibiotic Stewardship. NJAC 8:39-19.4(d)