STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315438	A. Building B. Wing	06/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Family of Caring at Park Ridge LLC	120 Noyes Drive Park Ridge, NJ 07656

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. COMPLAINT #2720685 Based on interviews, review of medical records, and pertinent facility documentation, it was determined that the facility failed to notify the Resident's Representative of a change in condition for 1 of 1 sampled residents reviewed (Resident #183). This deficient practice was evidenced by the following:On 6/10/26 at 1:08 PM, the surveyor reviewed Resident #183's closed hybrid (paper and electronic) medical record.A review of Resident #183's admission record or face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but were not limited to; dementia (an umbrella term for a decline in mental ability that is severe enough to interfere with everyday life) and hypertension (high blood pressure).A review of Resident #183's most recent discharge return anticipated Minimum Data Set (MDS) reflected that the resident's cognitive skills for daily decision making was severely impaired. Further review reflected that the resident had an unstageable pressure ulcer/injury which was not present on admission (facility acquired).A review of Resident #183's individualized care plan included that the resident had an actual skin impairment of MASD (moisture associated skin damage) to sacral region noted on 12/18/25, and evolved to unstageable on 12/26/25.A review of Resident #183's progress notes (PN) did not include any notification of the Resident Representative (RR) to the new skin impairment on 12/18/25. Further review did not include any notification of the RR of the change to unstageable on 12/26/25.A review of the facility provided timeline of Resident #183's facility acquired wound (pressure ulcer/injury) included that the new skin impairment was noted on 12/18/25. Further review reflected that the RR was given an update on condition on 12/29/25.On 6/12/26 at 10:52 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) who stated that when a resident had a MASD that she thought that the RR was notified.On 6/15/26 at 9:46 AM, the surveyor interviewed the Director of Nursing (DON) who stated that if a resident had a new impairment that the RR would be notified. The surveyor asked about Resident #183 and RR notification. The DON stated that she had to check on that.On 6/15/26 at 12:05 PM, the DON stated that she did not see any note about notification [for Resident #183]. On 6/16/26 at 11:31 AM, the surveyor notified the Licensed Nursing Home Administrator (LNHA), DON, and Director of Quality Assurance (DQA) the concern that the RR was not notified when the resident had a new skin impairment and when it changed to an unstageable.On 6/18/26 at 11:51 AM, in the presence of the LNHA, and DON, the DQA stated that she had no additional information. She added that it was a closed record and whatever was in the record was in the record.The LNHA did not provide any additional information.A review of the facility's Acute Condition Changes-Clinical Protocol Policy, with a revised/reviewed date of 3/2026, included the following:8. RR will be notified for any changed in condition with the resident's permission.A review of the facility's Wound Assessment and Treatment Protocol Policy, with a reviewed date of 10/2025, included the following:New Pressure Ulcer2. Notify Physician, Resident/RR, Interdisciplinary Team.N.J.A.C. 8:39-13.1

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