STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315482	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Careone at Moorestown	895 Westfield Road Moorestown, NJ 08057

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review and policy review, the facility failed to thoroughly investigate an allegation of physical abuse by Certified Nursing Assistant (CNA)1 for one resident (Resident (R) 87) of two residents reviewed for abuse in a sample of 31 residents. This failure had the potential to negatively impact all residents currently residing at the facility. Findings include: Review of the facility provided admission Record indicated that R87 was re-admitted to the facility on [DATE], with a diagnosis of cerebrovascular accident (CVA) and hallucinations. Review of the admission Minimum Data Set (MDS) with assessment reference date (ARD) of 12/05/25, indicated that R87 has a Brief Interview for Mental Status (BIMS) score of nine of 15 which indicated R87's cognition was moderately impaired. Further review indicates that R87 had no behaviors. Review of the facility provided Individual Statement Form given by R87 dated 12/25/25 indicated, Time 1:15 PM 12/25/25-I was standing beside my bed to get into my wheelchair. The CNA [CNA1] was beside me, I sat down in the wheelchair. CNA1 moved my chair out of the way to facing the door. [CNA1] put his/her hands on my shoulders (both) strong. Not heavy. [CNA1] did not punch or slap or shove me. Patient states, both hands were firm on his/her shoulder and responded, do not touch me. Denies pain or discomfort to shoulders. States he/she [R87] never seen him/her before. I felt like it was a movement that did not need to be done. I do not think he/she intentionally tried to hurt me, but I do not want to work with him/her.During the investigation, the survey team attempted to contact R87 on 02/09/26 at 1:21 PM; however, R87's phone was no longer in service. Review of the facility provided Reportable Event Record/Report dated 12/25/25 indicated, . On 12/25/25 R87 reported to his/her therapists that he/she was hit while attempting to move back into the wheelchair. Stated that CNA1 put his/her hands on my shoulder in a strong manner. R87 denies being struck by the aide. R87 was assessed by the Director of Nursing (DON) with no untoward findings. Physician and family notified. Statement obtained from CNA1 who was then suspended pending investigation. Investigation included review of the medical record, statements from R87 and CNA1. In conclusion, the allegation of being struck on the shoulders is unable to be substantiated. Review of the facility provided Certified Occupational Therapy Assistant/Licensed (COTA/L) and Physical Therapy (PT) Individual Statement Form dated 12/25/25 indicated, .R87 was transported to the rehab gym at 11:20 AM for therapy session and reported to physical therapy (PT) that he/she was in his/her room trying to scoot back in chair and CNA1 hit him/her. R87 states he/she did not hit him/her but was not used to being touched like that. R87 stated he/she does not want to return to current room. Review of the facility provided CNA1's Individual Statement Form dated 12/25/25 indicated, .After I repositioned the patient's wheelchair in front of the door. The patient did not make any comment or express concerns. I left the patient there in the room in his/her wheelchair. Interview on 02/10/26 at 5:00 PM, CNA1 stated that he/she was completing care with Licensed Practical Nurse (LPN) 1 present and after he/she got R87 up into his/her wheelchair, he/she left the room. CNA1 denies doing anything inappropriate such as touching and/or hitting R87 nor did (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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R87 complain to CNA1 and/or LPN1. Review of the facility provided Email for Occupational Therapy (OT), dated 12/26/25 indicated, This is a statement to document the conversation, I had with R87 on 12/25/25. I was not the initial staff member that the patient reported the incident to. I quickly interviewed him/her after the initial reporting to gather details in order to call the center's Administrator to report the incident. R87 relayed that he/she had an interaction in his/her room with a care giver on 12/25/25. He/she reported to me, that the caregiver placed his/her hands on him/her (the patient's) upper back. R87 used the word hit to describe the motion. He/she went on to say that the motion was not hard, and it did not cause him/her pain, but he/she was very startled and was not used to being touched in that way. R87 reported he/she felt upset about the incident, and that he/she would not go back to his/her room if that caregiver was going to be there Interview on 02/09/26 at 12:08 PM, OT confirmed that he/she was not present when R87 made the allegation; however, he/she spoke with COTA/L and PT, and then R87 for details prior to informing the Administrator. During review of the investigation, there was no evidence of resident interviews, and/or other staff interviews except staff that reported the allegation and staff involved. Interview on 02/10/26 at 4:30 PM, the Administrator stated that residents are only interviewed if they are directly involved and/or around the area of the incident. Also, the staff are interviewed if they are directly involved and/or around the area of the incident. The Administrator confirmed that there were no resident interviews and/or other staff interviews. Review of facility provided policy titled Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, revised 09/22 indicated, .Investigating Allegations: 1. All allegations are thoroughly investigated .7. The individual conducting the investigation as a minimum .d. interviews the person(s) reporting the incident; e. interviews any witnesses to the incident; f. interviews the resident (as medically appropriate) or the resident's representative; g. interviews the resident's attending physician as needed to determine the resident's condition; h. interviews staff members (on all shifts) who have had contact with the resident during the period of the alleged incident; i. interviews the resident's roommate, family members, and visitors; j. interviews other residents to whom the accused employee provides care or services. NJAC 8:39-9.4(f)