

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER Careone at Teaneck		STREET ADDRESS, CITY, STATE, ZIP CODE 544 Teaneck Road Teaneck, NJ 07666	

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)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review, and review of the facility's policy, the facility failed to complete a thorough investigation of an allegation of misappropriation for one (Resident (R) 93) of two residents reviewed for abuse out of 40 sampled residents. The facility's failure to complete a thorough investigation placed residents at risk of being unprotected from misappropriation. Findings include: Review of a facility policy titled Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating dated 09/22 indicated . All allegations are thoroughly investigated. The administrator initiates investigations. interviews the resident (as medically appropriate) or the resident's representative. interviews staff members (on all shifts) who have had contact with the resident during the period of the alleged incident. interviews the resident's roommate, family members. documents the investigation completely and thoroughly. Review of R93's electronic medical records (EMR) titled admission Record located under the Profile tab indicated the resident was admitted to the facility on [DATE]. Review of a document provided by the facility titled Reportable Event Record/Report, dated 07/19/24, indicated a family member (F) 1 reported that Certified Nurse Aide (CNA) 1 received \$100 from R93's cash app on 06/11/24. The facility investigation failed to show that a statement was collected from the resident. There were no other interviews, such as other residents and staff, other than from CNA1 who admitted R93 sent her \$100 via a cash app as a gift. During an interview on 07/30/25 at 3:32 PM the Director of Nursing (DON) stated she investigates an allegation of abuse/neglect or misappropriation she would attempt to obtain a statement from the resident involved, other residents, and staff who were on the same shift. The DON confirmed she read the facility investigation which involved R93 and CNA1 and confirmed the investigation was not complete. During an interview on 07/30/25 at 3:56 PM, the Social Services Director (SSD) stated that when she completes an abuse/neglect or misappropriation investigation, she would interview the resident, the person accused, and any other residents and staff who worked at the time of the allegation. NJAC 8:39-9.4(f)</p>

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: 315502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER Careone at Teaneck		STREET ADDRESS, CITY, STATE, ZIP CODE 544 Teaneck Road Teaneck, NJ 07666	

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough food/fluids to maintain a resident's health. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER Careone at Teaneck		STREET ADDRESS, CITY, STATE, ZIP CODE 544 Teaneck Road Teaneck, NJ 07666	
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)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, staff interviews, and facility policy review, the facility failed to ensure initial and weekly weights were implemented for two out three residents (Resident (R) 26 and R92). This lack of monitoring of residents' weight loss/gain can delay in identifying potential nutritional problems. Findings include: Review of a facility policy titled, Weight Assessment and Intervention dated 03/22 indicated . Residents are weighed upon admission and at intervals established by the interdisciplinary team such as: weekly for four weeks, the monthly unless otherwise indicated. The threshold for significant unplanned and undesired weight loss is based on the following criteria. 1 month-5 percent weight loss is significant. 6 months-10 percent weight loss is significant. Review of R26's EMR titled admission Record located under the Profile tab indicated the resident was initially admitted to the facility on [DATE] and readmitted to the facility on [DATE]. Review of R26's EMR titled Nutritional Evaluation located under the Prog (Progress Notes), dated 04/23/25, indicated the resident's weight during her hospital stay was 180 pounds. There was no documentation the weights were obtain upon R26's admission to the facility. Review of R26's EMR titled 5-day Minimum Data Set (MDS) located under the MDS tab with an Assessment Reference Date (ARD) of 04/28/25 indicated the resident had a Brief Interview for Mental Status (BIMS) score of 10 out of 15 which revealed the resident was cognitively impaired. The assessment indicated R26 weighed 180 with no weight gain/loss during the assessment period. Review of R26's EMR titled Weights located under the Wts (Weights)/Vitals tab, dated 06/10/25, indicated the resident's weight was 165.6 pounds. There was no documentation the weights were obtain upon R26's re-admission to the facility. During an interview on 07/29/25 at 12:08 PM, Licensed Practical Nurse (LPN) 1 who was also the second-floor manager stated R26 would frequently refuse to be weighed. A request was made for any records which would reflect this during this interview and there was no information provided by the end of the survey. During an interview on 07/29/25 at 1:56 PM the Director of Nursing (DON) stated that R26 frequently refused to be weighed. A request was made for any records which would reflect this during this interview and there was no information provided by the end of the survey. During an interview on 07/31/2025 at 9:04 AM, the Registered Dietician (RD) stated an initial weight was to be completed within 48 hours after admission. The RD stated it was important to get a baseline weight so the resident can be monitored for loss/gain. The RD stated R26 typically refuses to be weighed, and the refusals were to be documented in the nursing progress notes. During this interview, the RD reviewed R26's EMR and could not identify refusals to be weighed during her time at the facility. 2. Review of R92's (closed record) admission MDS with an ARD of 07/01/24, located in the MDS tab of the electronic medical record (EMR), revealed an admission date of 06/25/24, a Brief Interview for Mental Status (BIMS) score of three out of 15 indicating R92's cognition was severely impaired, and had diagnoses of basal cell carcinoma of skin of nose, type 2 diabetes mellitus without complications, and adult failure to thrive. Review of R92's Care Plan, dated 06/26/24, located in the EMR under the Care Plan tab revealed Nutritional Status as evidenced by therapeutic diet, obese BMI [body mass index] Per MNA [mini nutrition assessment] resident triggers for malnutrition with a goal of Will not experience a significant change in weight through next review. Interventions included Encourage and assist as needed to consume foods and/or supplements and fluids offered at and between meals, Notify physician and responsible party of significant weight changes, Provide diet/supplements per orders mighty shake QD, prostat [nutritional supplement] QD, and Weights as ordered. Review of R92's Nutrition Evaluation, dated 06/26/24, located in the EMR under the Form tab revealed a diet order of a CCHO [carbohydrate controlled] regular texture, Weight used to calculate resident BMI: 225 lbs [pounds] hospital weight, and Per 6/25 nursing evaluation, edema noted to BIL [bilateral] LE [lower extremities]. Review of R92's weights, located in the EMR under the Vitals tab revealed a 16% weight loss in two months. This included: On 06/26/24 at 225.0 Lbs (hospital records) No admission weight obtained on 06/25/24 On 07/02/24 at 190.0 Lbs On 07/06/24 at 190.4 Lbs On 07/07/24 at 190.4 Lbs On 07/08/24 at 190.2 Lbs On 07/17/24 at 187.6 Lbs Review of R92's Nutrition Notes, dated 07/22/25, located in the EMR under the Progress Note, revealed Per calorie count, resident noted with general intake of 0-25% of foods/drinks. Resident continues on CCHO, soft and bite sized texture diet with thin liquids. Skin: per 7/11 wound consult, fungal dermatitis noted to BIL groin and BIL buttocks, stage 2 pressure ulcer notes to sacrum (initial exam). Recommend prostat 30 ml QD [every day] for additional protein for skin healing. Recommend mighty shake 4 oz QD for additional calories and protein. RD</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER Careone at Teaneck		STREET ADDRESS, CITY, STATE, ZIP CODE 544 Teaneck Road Teaneck, NJ 07666	
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)		
<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that food preferences were honored for one out of two sampled residents (Resident (R) 26). The facility failed to ensure the resident was given dinner that she had ordered and strawberry ice cream. Findings include: Review of a facility policy titled Menu, dated 10/2017 indicated . Menus are developed and prepared to meet resident choices. Review of R26's electronic medical records (EMR) titled admission Record dated 04/22/25 initially and was readmitted to the facility on [DATE]. During an observation conducted on 07/28/25 at 11:32 AM, R26 pointed to a tray and gave permission to lift the lid to her meal. Observed a beef and Asian noodle dish. R26 explained that she had saved her dinner meal from the night before since it was not what she had ordered. The resident stated she ordered a grilled steak. During this interview the resident presented a menu titled Selection Sheet, dated 07/27/25, for the dinner meal. The resident stated she selected the grilled steak on the menu. During an observation on 07/29/25 at 12:27 PM, Certified Nurse Aide (CNA) 3 brought in R26's noon meal. On the tray was chocolate ice cream. The resident stated she had ordered strawberry ice cream and presented her menu. The resident had handwritten two strawberry ice creams. CNA3 verified the chocolate ice cream on the resident's tray. During an interview on 07/31/25 at 8:39 AM, the Dietary Manager (DM) stated there were two choices for residents on the menu. The DM stated in addition, the resident could write items that they might want, and the kitchen would attempt to accommodate them. The DM stated it may have been a mistake if R26 was sent chocolate ice cream instead of strawberry. The DM stated he was here on 07/27/25 and thought that he was accommodating the resident with beef lo Mein instead of the grilled steak since it was the same meat. The DM stated R26 required small bites of food, and this was why he sent the beef lo Mein to the resident instead of the grilled steak. During an interview on 07/31/25 at 12:00 PM, the Director of Nursing (DON) stated residents were provided with an alternate meal so they can select, and we can accommodate what they want. NJAC 8:39-17.4</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER Careone at Teaneck		STREET ADDRESS, CITY, STATE, ZIP CODE 544 Teaneck Road Teaneck, NJ 07666	
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)		
<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to ensure one of one resident (Resident (R) 26) reviewed for assistive devices during dining out of a total sample of 40. This had the potential to cause a decrease in the resident's dietary intake. Findings include: Review of a facility policy titled, Assistance with Meals dated 03/22, indicated .Adaptive devices (special eating equipment and utensils) will be provided for residents who need or request them. These may include devices such as silverware with enlarged/padded handles. Review of R26's electronic medical records (EMR) titled admission Record located under the Profile tab indicated the resident was admitted to the facility on [DATE] with a diagnosis of Parkinson's disease. Review of R26's EMR titled admission Minimum Data Set (MDS) located under the MDS tab with an Assessment Reference Date of 06/10/25 indicated the resident had a Brief Interview for Mental Status (BIMS) score of 12 out of 15 which revealed the resident was cognitively intact. Review of a document provided by R26 titled Selection Sheet, dated 07/27/25, indicated the resident used specialized handled utensils. An observation was conducted on 07/28/25 at 12:26 PM, and Certified Nurse Aide (CNA) 3 assisted R26 with her meal tray and verified that the resident did not receive her built up eating utensils. During an interview on 07/31/25 at 8:39 AM, the Dietary Manager (DM) stated the built-up utensils were written by the computer system to include on R26's meal trays. The DM stated for R26 not receiving them was a mistake and that the resident typically will have a set of built-up utensils available in her room. During an interview on 07/31/25 at 12:00 PM, Director of Nursing (DON) stated it was important to provide R26 with built up utensils so she could properly feed herself. NJAC 8:39-27.5(b)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER Careone at Teaneck		STREET ADDRESS, CITY, STATE, ZIP CODE 544 Teaneck Road Teaneck, NJ 07666	
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)		
<p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>Based on record review, observations, and interviews the facility failed to ensure one Certified Nursing Assistant (CNA) 1 was effectively trained in understanding misappropriation. As a result, money was exchanged from one of one resident (Resident (R) 93) to CNA1. This had the potential for staff not to recognize a gift could be viewed as misappropriation, when a resident was dependent on the caregiver for personal needs. Findings include: Review of a document provided by the facility titled Certificate of Completion for CNA1, dated 04/01/24, indicated CNA1 completed training abuse, neglect, and exploitation. Review of a document provided by the facility titled, Certified Nursing Assistant, dated 07/2024 indicated the job description for a CNA was to .Attend and participate in facility in-service training programs as instructed including resident rights, prevention of abuse and neglect, dementia care, behavioral management and competencies for Certified Nursing Assistants. Review of a document provided by the facility titled, Facility Assessment, dated 07/18/25, indicated .Facility resources needed to provide competent support and care for our resident population every day and during emergencies.Staff training/education and competencies. During an interview on 07/30/25 at 3:32 PM, the Director of Nursing (DON) stated the abuse prevention training that CNA1 took included misappropriation and that gifts/money were not to be taken from residents even if it was a gift since the staff were paid to do a job. NJAC 8:39-13.4(c)2</p>		