STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VQXWIZ	A. BUILDING: _____ B. WING _____	C 10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE AT WAYNE - ALR	493 BLACK OAK RIDGE ROAD WAYNE, NJ 07470

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Initial Comments: Type of Survey: Complaint Complaint #: NJ188265 NJ176086 NJ177011 Census: 84 Sample Size: 3 Survey Date: 10/17/25 The facilty is not in substantial compliance with all of the standards in teh New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
A 543	8:36-5.7(a)(4) Policy and Procedure Manual (a) A policy and procedure manual(s) for the organization and operation of the facility or program shall be developed, implemented, and reviewed at least annually. Each review of the manual(s) shall be documented, and the manual(s) shall be available in the facility or program to representatives of the Department at all times. The manual(s) shall include at least the following: 4. Policies and procedures for reporting all alleged and/or suspected cases of resident abuse or exploitation to the Complaints Program of the Division of Health Facility Survey and Field	A 543		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 10/30/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 543	Continued From page 1 Operations at 1-800-792-9770. If the resident is 60 years of age or older, the State Long-Term Care Ombudsman shall also be notified, in compliance with N.J.S.A. 52:27G-7.1 et seq., at 1-877-582-6995; This REQUIREMENT is not met as evidenced by: Complaint NJ176086 Based on observation, interviews, review of medical records (MR) and other pertinent facility documentation, it was determined that the facility failed to develop and implement policies and procedures for reporting an NJ Exec Order 26.4b1 to the New Jersey Department of Health (NJ DOH). The deficient practice was identified in 1 of 3 residents reviewed for NJ Exec Order and was evidenced by the following: On 10/17/25 at 9:37 AM, the surveyor reviewed a Facility Reported Event (FRE) that was called in to the NJDOH on NJ Exec Order at 3:02 PM. The FRE reflected that on NJ Exec Order at "approximately" 11:45 AM the resident's family member observed then alerted the nurse of a NJ Exec Order on the resident's NJ Exec Order 26.4b1. The Licensed Practical Nurse (LPN) conducted a NJ Exec Order 26.4b1 and found a NJ Exec Order on the NJ Exec Order 26.4b1. Further review of the FRE revealed that the LPN interviewed the resident regarding how the NJ Exec Order was acquired. Resident #1 NJ Exec Order 26 that the Certified Home Health Aide (CHHA #1) came into to the room, stated NJ Exec [redacted], NJ Exec Order 2 the resident	A 543		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 543	Continued From page 2 and the resident NJ Exec Order 2 CHHA #1 back. The surveyor reviewed Resident #1's closed record. According to the Admission Record (AR, an admission summary) Resident #1 had diagnoses which included, NJ Exec Order 26.4b1 [redacted] A review of the resident admission assessment reflected the resident was NJ Exec Order 2 was able to NJ Exec Order 26.4b1, was on NJ Exec Order 26.4b1 [redacted] required one (NJ Exec Order 26.4b1 use, and for NJ Exec Order 26.4b1 had NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The resident's NJ Exec Order 26.4b1 assessment reflected that the resident was NJ Exec Or and NJ Exec Order 26.4b1 [redacted] A review of the resident's service plan report (SPR) included a focus on the resident's NJ Exec Order 26.4b1 medication and the interventions that required the staff to check the resident's NJ Exec O daily while aiding with care and to report any NJ Exec Order 26.4 or NJ Exec Order 26.4b1 A review of the Nurse Progress Note (NPN) dated NJ Exec Order 2 at 3:45 PM, revealed the LPN was called into the room, by the family representative and was informed of a NJ Exec Order on the NJ Exec Order 26.4b1. Resident NJ Exec Order 26.4b1, noted NJ Exec Order 26.4b1 when NJ Exec Order 26.4b1. The Physician was notified who ordered an NJ Exec Order 26.4b1 [redacted] the NJ Exec Order 26.4b1 of NJ Exec Order was not documented on the NPN.	A 543		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 543	Continued From page 3 A review of the NPN dated NJ Exec Order 2 at 3:24 PM included the NJ Exec Order result was NJ Exec Order 26.4b1 A review of the facility provided investigation included the following: -On NJ Exec Order 2 untimed, the LPN provided a statement to the Director of Wellness (DOW); LPN was called into the room by the family representative of Resident #1 due to a NJ Exec Order found on the resident's NJ Exec Order 26.4b1. The LPN entered the resident's room with CHHA #1. The LPN assessed the resident, observed a NJ Exec Order on the NJ Exec Or The LPN was informed by the resident of being NJ Exec Order 2 by the staff who provided morning care. The LPN's statement also reflected that CHHA #1 who provided morning care, was NJ Exec Order 26.4b and NJ Exec Order 26.4b1 the resident. -On NJ Exec Order 26. untimed, Resident #1 who provided a statement to the DOW, NJ Exec Order 26 that CHHA #1 NJ Exec Order 26.4b1, and the resident NJ Exec Order 2 CHHA #1 NJ Exec Orde -On NJ Exec Order, untimed, CHHA #1 provided a statement to the DOW, that she saw the resident in their wheelchair on NJ Exec Order 2 at 8:00 AM, provided care and the resident had their breakfast in their room. At 11:00 AM, while doing their rounds, CHHA #1 learned of the NJ Exec Order 26.4b1 of NJ Exec Order against her. CHHA #1 stated she had no idea what the resident was talking about. -A review of the NJ Ex Order 26.4(b)(1) Pending Investigation reflected CHHA #1's signature, dated NJ Exec Order along with the Executive Director's (ED) signature on the same date, which indicated the CHHA #1 was NJ Exec Order 26.4b1 after the resident NJ Exec Order 26.4b1 against CHHA #1 . On 10/17/25 at 1:26 PM, during a meeting with the surveyors, the ED stated that upon a	A 543		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 543	Continued From page 4 NJ Exec Order 26.4b1 or an NJ Exec Order 26.4b1, the expectation was that she would be notified immediately. At that time, the ED stated that she was informed by staff about the NJ Exec Order 26.4b1 on NJ Exec Order at 3:02 PM, and that was when the FRE was reported to the NJDOH. On 10/17/25 at 2:40 PM, in the presence of a surveyor, the interim DOW, the Regional Director of Clinical Services and the ED, the surveyor discussed the concern with the delayed reporting of the NJ Exec Order 26 resident NJ Exec Order of Resident #1 that was reported to the LPN on NJ Exec Order at approximately 11:45 AM. A review of the undated facility provided policy for Accident/Incident Reporting, included that the Administrator and the Director of Nurses/ Wellness Director would be made aware if all such incidents occurring in the Facility ...The policy did not include a defined time frame for reporting to the NJDOH. No further information was provided. NJAC 8:36-5.7(a)(4)	A 543		
A 565	8:36-5.10(a)(3) Reportable Events (a) The facility shall notify the Division of Health Facility Survey and Field Operations immediately by telephone at (609) 633-9034 or (609) 392-2020 if after business hours, followed within 72 hours by written confirmation, of the following: 3. Any suspected cases of resident abuse or exploitation, which have been reported to the State Long-Term Care Ombudsman.	A 565		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 565	Continued From page 5	A 565		

This REQUIREMENT is not met as evidenced by:
Complaint NJ176086

Based on observation, interviews, review of medical records (MR) and other pertinent facility documentation, it was determined that the facility failed to immediately report to the New Jersey Department of Health (NJ DOH) an NJ Exec Order 26.4b1 of staff to resident NJ Exec Order 2

The deficient practice was identified in 1 of 3 residents reviewed for NJ Exec Order and was evidenced by the following:

On 10/17/25 at 9:37 AM, the surveyor reviewed a Facility Reported Event (FRE) that was called in to the NJDOH on NJ Exec Order at 3:02 PM. The FRE reflected that on NJ Exec Order 2 at "approximately" 11:45 AM the resident's family member observed then alerted the nurse of a NJ Exec Order on the resident's NJ Exec Order 26.4b1 The Licensed Practical Nurse (LPN) conducted a NJ Exec Order 26.4b1 and found a NJ Exec Order on the NJ Exec Order 26.4b1 Further review of the FRE revealed that the LPN interviewed the resident regarding how the NJ Exec Order was acquired. Resident #1 NJ Exec Order 26 that the Certified Home Health Aide (CHHA #1) came into to the room, stated NJ Exec , NJ Exec Order 2 the resident

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A 565	Continued From page 6 and the resident NJ Exec Order 2 CHHA #1 back. The surveyor reviewed Resident #1's closed record. According to the Admission Record (AR, an admission summary) Resident #1 had diagnoses which included, NJ Exec Order 26.4b1 [redacted] A review of the resident admission assessment reflected the resident was NJ Exec Order 2 was able to NJ Exec Order 26.4b1 [redacted], was on NJ Exec Order 26.4b1 [redacted]), required NJ Exec Order 26.4b1 [redacted], and for NJ Exec Order 26.4b1 had NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The resident's NJ Exec Order 26.4b1 assessment reflected that the resident was NJ Exec Order 26.4b1 [redacted] A review of the resident's service plan report (SPR) included a focus on the resident's NJ Exec Order 26.4b1 medication and the interventions that required the staff to check the resident's NJ Exec O daily while aiding with care and to report any NJ Exec Order 26.4 or NJ Exec Order 26.4b1 A review of the Nurse Progress Note (NPN) dated NJ Exec Order 2 at 3:45 PM, revealed the LPN was called into the room, by the family representative and was informed of a NJ Exec Order on the NJ Exec Order 26.4b1. Resident NJ Exec Order 26.4b1 [redacted], noted NJ Exec Order 26.4b1 when NJ Exec Order 26.4b1 The Physician was notified who ordered an NJ Exec Order 26.4b1 [redacted] the NJ Exec Order 26.4b1 of NJ Exec Order was not documented on the NPN.	A 565		

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A 565	Continued From page 7 A review of the NPN dated NJ Exec Order 2 at 3:24 PM included the NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1 A review of the facility provided investigation included the following: -On NJ Exec Order 2 untimed, the LPN provided a statement to the Director of Wellness (DOW); LPN was called into the room by the family representative of Resident #1 due to a NJ Exec Order found on the resident's NJ Exec Order 26.4b1. The LPN entered the resident's room with CHHA #1. The LPN assessed the resident, observed a NJ Exec Order on the NJ Exec Or. The LPN was informed by the resident of being NJ Exec Order 2 by the staff who provided morning care. The LPN's statement also reflected that CHHA #1 who provided morning care, was NJ Exec Order 26.4b and NJ Exec Order 26.4b1 the resident. -On NJ Exec Order 2, untimed, Resident #1 who provided a statement to the DOW, NJ Exec Order 26 that CHHA #1 NJ Exec Order 2 them, and the resident NJ Exec Order 2 CHHA #1 NJ Exec Orde -On NJ Exec Order 26, untimed, CHHA #1 provided a statement to the DOW, that she saw the resident in their wheelchair on NJ Exec Order at 8:00 AM, provided care and the resident had their breakfast in their room. At 11:00 AM, while doing their rounds, CHHA #1 learned of the NJ Exec Order 26.4b1 of NJ Exec Order against her. CHHA #1 stated she had no idea what the resident was talking about. -A review of the NJ Exec Order 26.4b1 Pending Investigation reflected CHHA #1's signature, dated NJ Exec Order 2 along with the Executive Director's (ED) signature on the same date, which indicated the CHHA #1 was NJ Exec Order 26.4b1 one (1) day after the resident NJ Exec Order 26.4b1 NJ Ex Order 26.4(CHHA #1 . On 10/17/25 at 1:26 PM, during a meeting with the surveyors, the ED stated that upon a	A 565		

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A 565	Continued From page 8 NJ Exec Order 26.4b1 or an NJ Exec Order 26.4b1, the expectation was that she would be notified immediately. At that time, the ED stated that she was informed by staff about the NJ Exec Order 26.4b1 on NJ Exec Order at 3:02 PM, and that was when the FRE was reported to the NJDOH. On 10/17/25 at 2:40 PM, in the presence of a surveyor, the interim DOW, the Regional Director of Clinical Services and the ED, the surveyor discussed the concern with the delayed reporting of the NJ Exec Order 26.4b1 of Resident #1 that was reported to the LPN on NJ Exec Order at approximately 11:45 AM and was not reported to the NJDOH until NJ Exec Order at 3:02 PM. A review of the undated facility provided policy for Accident/Incident Reporting, did not include a defined time frame for reporting to the NJDOH. No further information was provided. NJAC 8:36-5.10(a)(3)	A 565		
A1537	8:36-23.8(a)(1) Assisted Living Programs (a) When known, and with the resident's consent, the resident's family, guardian, and/or designated responsible person or designated agency shall be notified promptly in the event of the following: 1. The resident acquires an acute illness requiring medical care;	A1537		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A1537	Continued From page 9 This REQUIREMENT is not met as evidenced by: Complaint #NJ188265 Based on interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to notify a resident's responsible party when they experienced a change in status resulting in a change in their medical treatment. The deficient practice was identified for 1 (Resident #2) of 3 residents reviewed and was evidenced by the following: Resident #2 was admitted with diagnoses including but not limited to NJ Exec Order 26.4b1 [redacted] The Assisted Living Resident Assessment - Admission dated [redacted] indicated the resident was admitted with NJ Exec Order 26.4b1 [redacted] and possibly NJ Exec Order 26.4b1. The resident was admitted with NJ Exec Order 26.4b1, a [redacted] on the [redacted] and a NJ Exec Order 26.4b1 to the [redacted]. The Assessment contained the statement "Goal: will notify caregivers of any [redacted] condition as they occur." The [redacted] Health Service Plan - Monitoring Note indicated a new [redacted] of NJ Exec Order 26.4b1 along with new treatment orders. There was no documentation that the responsible party was notified of the [redacted] in the resident's [redacted] The [redacted] Health Service Plan - Monitoring note indicated the NJ Exec Order 26.4b1 was	A1537		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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CARE ONE AT WAYNE - ALR	493 BLACK OAK RIDGE ROAD WAYNE, NJ 07470

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A1537	Continued From page 10 NJ Exec Order 26.4b1 The treatment order was discontinued, and a new treatment was ordered by the physician. There was no documentation that the responsible party was notified of the change in the resident's treatment. The Service Plan, created NJ Exec Order 26.4b1, for the resident's NJ Exec Order 26.4b1 included the statement "Will notify caregivers of any new NJ Exec Order 26.4b1 as they occur." On 10/17/25 at 10:55 AM the surveyor interviewed the Executive Director of Assisted Living. She was unable to provide evidence the resident's responsible party had been notified of changes in the resident's condition and treatment plan. The surveyor reviewed the undated facility policy and procedure titled Assisted Living: Family/Responsible Party Notification. The policy indicated the resident's family or responsible party or community agency will be notified of a significant change in the resident's physical status at the time of the occurrrence and the notification will be documented in the resident't record.	A1537		

POC accepted 11/6/25

CareOne At Wayne

Plan of Correction
CareOne Wayne Assisted Living
Date of Survey: 10/17/25
Complaint #: NJ188265, NJ176086, NJ177011

A 543

1. **How the corrective action will be accomplished for those Residents found to have been affected by the deficient practice.**

   - Resident #1 was discharged from the facility on [redacted] NJ Exec Order 26.4.
   - CHHA#1 was provided in-service education on Abuse and Neglect and Abuse, Neglect and Exploitation in the Elder Care Setting on September 29th 2025, by the Executive Director. CHHA#1 verbalized understanding of this education.

2. **How the facility will identify other Residents having the potential to be affected by the same deficient practice.**

   - All Residents have the potential to be affected by this practice.

3. **What measures will be put in place or systemic changes will be made to ensure that the deficient practice will not recur.**

   - On October 17th 2025 The Regional Director of Clinical Services (RDCS) provided an in-service education to the interim Director of Wellness (DOW), Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) regarding the facility's policy and procedure on "Assisted Living: Abuse Reporting and Investigating" and "Assisted Living: Accident/Incident Reporting." Staff verbalized understanding of the two policies.
   - On October 20th 2025 the Executive Director (ED) provided in-service education to the Director of Wellness (DOW) regarding the facility's policy and procedure on "Assisted Living: Abuse Reporting and Investigating, " "Assisted Living: Accident/Incident Reporting," and "Abuse, Neglect, Exploitation or Misappropriation – Reporting and Investigating." The DOW verbalized understanding of the two policies.
   - On November 5th the ED conducted an audit of all incidents in the last 7 days to ensure next of kin notified for any change in condition.

POC accepted

CareOne At Wayne

4. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what QA program will be put in place to monitor the continued effectiveness of the systematic change.**

    - Director of Wellness (DOW) or designee will review all incident reports for injuries of unknown origin or with allegations of abuse to ensure the Executive Director was notified immediately. Audits will be conducted daily x 7 days, then weekly x 4 weeks, then monthly x 3 months.
    - Results of the audits will be presented to the Executive Director and the Quality Assurance Performance Improvement (QAPI) committee monthly x 3 months. The QAPI committee meets on a monthly basis and will review the audits and provide recommendation for further audits as needed.

5. **Date of Completion**
    - November 14, 2025

PoC accepted

CareOne At Wayne

Plan of Correction: A565

1. **How the corrective action will be accomplished for those Residents found to have been affected by the deficient practice.**

   - Resident #1 was discharged from the facility on [redacted]
   - On October 20th 2025 the Executive Director (ED) provided in-service education to the Director of Wellness (DOW) on the facility's policy titled, "Abuse, Neglect, Exploitation or Misappropriation -Reporting and Investigating," which includes ..."Reporting Allegations to the Administrator and Authorities..."Immediately" as defined as: "a) within two hours of an allegation involving abuse or result in serious bodily injury; or b) within 24 hors of an allegation that does not involve abuse or result in serious bodily injury." The DOW acknowledged understanding of this policy.

2. **How the facility will identify other Residents having the potential to be affected by the same deficient practice.**

   - All Residents have the potential to be affected by this practice.

3. **What measures will be put in place or systemic changes will be made to ensure that the deficient practice will not recur.**

   - On October 17th 2025 the Regional Director of Clinical Services (RDCS) provided an in-service education to the interim Director of Wellness (DOW), and the Executive Director (ED) on the facility policy titled, "Abuse, Neglect, Exploitation or Misappropriation -Reporting and Investigating," which includes ..."Reporting Allegations to the Administrator and Authorities..."Immediately" as defined as: "a) within two hours of an allegation involving abuse or result in serious bodily injury; or b) within 24 hours of an allegation that does not involve abuse or result in serious bodily injury." The interim DOW and ED acknowledged understanding of this policy.
   - On November 7th 2025 the ED conducted an audit of all Facility Reported Events (FRE) to the New Jersey Department of Health (NJ DOH) within the last 30 days to ensure immediate reporting of the event. All events were reported to the (NJ DOH) immediately. There were no untoward findings.

POC accepted

CARE ONE At Wayne

4. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, ie, what QA program will be put in place to monitor the continued effectiveness of the systemic change.**

   - The Executive Director (ED) or designee will conduct audits of all Facility Reported Events (FRE) to ensure immediate notification to the New Jersey Department of Health (NJ DOH). Audits will be conducted weekly x 4 weeks, then monthly x 3 months with results of the audits provided to the Quality Assurance Performance Improvement (QAPI) committee monthly x 3 months. The QAPI committee meets on a monthly basis and will review the audits and provide recommendation for further audits as needed.

5. **Date Completed**

   - November 14, 2025

PoC accepted

CARE ONE At Wayne

A1537

1. **How the corrective action will be accomplished for those Residents found to have been affected by the deficient practice.**

    - Resident #2 was discharged on [redacted] NJ Exec Order 26.4b1
    - On October 17th 2025 the Interim Director of Wellness was educated by the Regional Director of Clinical Services (RDCS) on the facility's policy titled, "Assisted Living: Family/Responsible Party Notification." The Interim Director of Wellness verbalized understanding of this education.

2. **How the facility will identify other residents having the potential to be affected by the same deficient practice.**

    - All Residents who experience a change in condition, have the potential to be affected by this practice.

3. **What measures will be put in place or systemic changes will be made to ensure that the deficient practice will not recur.**

    - On November 5th 2025 the Regional Director of Clinical Services (RDCS) provided in-service education to the Licensed Practical Nurses (LPNs) and Registered Nurses (RNs) working the 7-3pm, 3-11pm and 11-7am shifts on the facility's policy titled, "Assisted Living: Family/Responsible Party Notification." Staff verbalized understanding of this education.
    - On November 5th 2025 the Regional Director of Clinical Services (RDCS) provided in-service education to the Director of Wellness (DOW) on the facility's policy titled, "Assisted Living: Family/Responsible Party Notification." DOW verbalized understanding of this education.
    - On November 7th 2025 the RDCS and the interim Director of Wellness conducted an audit of 100% of residents with wounds to identify any changes in wound condition and subsequent notification to resident's family/responsible party. There were no untoward findings.

4. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what QA program will be pit in place to monitor the continued effectiveness of the systemic change.**

POC accepted

CareOne At Wayne

- Director of Wellness (DOW) or designee will conduct an audit of 5 residents with wounds to ensure family/ responsible party notification of any changes in wound status/condition. Audits will be conducted weekly x 4 weeks, then monthly x 3 months.
- Results of the audits will be presented to the Executive Director and the Quality Assurance Performance Improvement (QAPI) committee monthly for review and recommendation for further audits as needed.

5. Date Completed:

- November 14, 2025

Respectfully submitted,

NJ Exec Order 26.4b1

Executive Director
CareOne at Wayne Assisted Living

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
VQXWIZ Y1	A. Building B. Wing Y2	11/7/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE AT WAYNE - ALR	493 BLACK OAK RIDGE ROAD WAYNE, NJ 07470

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0543 Reg. # 8:36-5.7(a)(4) LSC	Correction Completed 11/14/2025	ID Prefix A0565 Reg. # 8:36-5.10(a)(3) LSC	Correction Completed 11/14/2025	ID Prefix A1537 Reg. # 8:36-23.8(a)(1) LSC	Correction Completed 11/14/2025
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
10/17/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

EVENT ID: ECS112

STATE FORM: REVISIT REPORT (11/06)