

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/02/2025
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NAME OF PROVIDER OR SUPPLIER ATRIUM POST ACUTE CARE OF WAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 1120 ALPS ROAD WAYNE, NJ 07470
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(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
S 000	Initial Comments Monitoring visit.	S 000		
S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. This deficient practice was evidenced by the following:</p> <p>Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes.</p> <p>Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21.</p> <p>1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff</p>	S 560	<p>S560 Mandatory Access to Care</p> <p>1. The following corrective actions have been accomplished for the identified deficiency: - There was no negative outcome to residents on dates identified as not meeting the NJ staffing requirements on the dates of 3/16/25, 3/17/25, 3/19/25, 3/20/25,3/21/25, 3/22/25, 3/23/25, 3/24/25, 3/25/25, 3/26/25, 3/27/25, 3/28/25 & 3/29/25.</p> <p>2. All residents have the potential to be affected by the deficient practice of not meeting the NJ Staffing requirement ratios.</p> <p>3. The following measures have been put into place to prevent the deficient practice from recurring: -The Administrator in-serviced the Staffing Coordinator in reference to the state guideline S 560. - The facility has posted job openings on job sites to promote CNA job openings to be filled</p>	4/7/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/07/25
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S 560	<p>Continued From page 1</p> <p>-to-resident ratios:</p> <p>(1) one certified nurse aide to every eight residents for the day shift;</p> <p>(2) one direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and</p> <p>(3) one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a certified nurse aide and perform certified nurse aide duties</p> <p>b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census.</p> <p>c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place.</p> <p>(2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.</p> <p>(3) All computations shall be based on the midnight census for the day in which the shift</p>	S 560	<p>- The staffing coordinator is offering staff the ability to pick up extra shifts for overtime, incentive bonuses are being offered as well as referral bonuses</p> <p>- Staffing agencies will be utilized as needed.</p> <p>- Licensed Nurses may be utilized to assist on CNA assignments as needed</p> <p>- HR Director has reached out to CNA schools to advise we are hiring and willing to train new graduates</p> <p>4. The Staffing Coordinator and/or designee will audit the staffing schedule weekly for 4 weeks then monthly for 3 months. The Staffing Coordinator and DON will submit the audit report to the quarterly Quality Assurance Improvement Committee.</p>	

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S 560	<p>Continued From page 2</p> <p>begins.</p> <p>d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ...</p> <p>A review of New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Reports for the 2 weeks of 03/09/2025 to 03/22/2025 for the 4/2/2025 monitoring survey revealed the following:</p> <p>1. For the 2 weeks of AAS-11 staffing, the facility was deficient in CNA staffing for residents on 12 of 14 day shifts and deficient in total staff for residents on 1 of 14 evening shifts as follows:</p> <p>For the 2 weeks of staffing prior to survey from 03/16/2025 to 03/29/2025, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows:</p> <p>-03/16/25 had 13 CNAs for 139 residents on the day shift, required at least 17 CNAs. -03/17/25 had 15 CNAs for 137 residents on the day shift, required at least 17 CNAs. -03/19/25 had 16 CNAs for 136 residents on the day shift, required at least 17 CNAs. -03/20/25 had 15 CNAs for 136 residents on the day shift, required at least 17 CNAs. -03/21/25 had 15 CNAs for 136 residents on the day shift, required at least 17 CNAs. -03/22/25 had 14 CNAs for 136 residents on the day shift, required at least 17 CNAs.</p>	S 560		

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S 560	<p>Continued From page 3</p> <p>-03/23/25 had 14 CNAs for 136 residents on the day shift, required at least 17 CNAs. -03/24/25 had 14 CNAs for 136 residents on the day shift, required at least 17 CNAs. -03/25/25 had 15 CNAs for 136 residents on the day shift, required at least 17 CNAs. -03/26/25 had 14 CNAs for 136 residents on the day shift, required at least 17 CNAs. -03/27/25 had 14 CNAs for 136 residents on the day shift, required at least 17 CNAs. -03/28/25 had 14 CNAs for 136 residents on the day shift, required at least 17 CNAs. -03/29/25 had 14 CNAs for 136 residents on the day shift, required at least 17 CNAs.</p> <p>The surveyor informed the Director of Nursing of the staffing ratio concerns on 4/2/25. No further information was provided to the surveyor by the facility administration.</p>	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061601	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/9/2025
NAME OF FACILITY ATRIUM POST ACUTE CARE OF WAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 1120 ALPS 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 S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/07/2025	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 4/2/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		