

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 06/16/2025
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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	<p>Initial Comments</p> <p>Survey Date: 6/16/25</p> <p>Census: 142</p> <p>The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long-Term Care Facilities. 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 the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.</p>	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: Complaint #: Monitoring Visit</p> <p>Based on interviews and review of facility documents on 06/16/2025, it was determined that the facility failed to ensure staffing ratios were met for 2 of 7-day shifts reviewed. This deficient practice had the potential to affect all residents.</p> <p>Findings include:</p> <p>Reference: New Jersey Department of Health</p>	S 560	<p>S560 Mandatory Access to Care</p> <p>1. The following corrective actions have been accomplished for the identified deficiency:</p> <ul style="list-style-type: none"> - There was no negative outcome to residents on dates identified as not meeting the NJ staffing requirements for the day shifts on the dates of 5/25/25 and 5/26/25. <p>2. All residents have the potential to be affected by the deficient practice of not</p>	7/16/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/04/25

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>(NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and 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 CNA and perform CNA duties.</p> <p>For the week of staffing from 05/25/2025 to 05/31/2025, the facility was deficient in CNA staffing for residents on 2 of 7-day shifts as follows:</p> <p>On 05/25/2025 had 14 CNAs for 142 residents on the day shift, required at least 18 CNAs. On 05/26/2025 had 15 CNAs for 142 residents on the day shift, required at least 18 CNAs.</p>	S 560	<p>meeting the NJ Staffing requirement ratios.</p> <p>3. The following measures have been put into place to prevent the deficient practice from recurring:</p> <ul style="list-style-type: none"> - The facility has posted job openings on job sites to promote CNA job openings to be filled - 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 - The DON/Staffing Coordinator will review all call outs daily and proactively make every effort to replace staff members. In the event of a call-out, the Nursing Supervisor /Staffing Coordinator contacts all per-diem & on-call staff for any open shifts to fill them. The Staffing Coordinator or designee will see if any of the CNAs from the previous shift can stay over onto the next shift or if the following shift can come in early to replace a call out if a replacement is not found. The Director of Nursing or Staffing Coordinator will offer a bonus for staff to pick up the shift or work a double shift as needed. Staffing agencies are utilized as needed. - In the event we are unable to obtain staff and the unit will be working short staffed, Licensed Nurses from the nursing management team and on the unit will assist in covering care during the shift as needed. Off duty license staff will be contacted to assist with filling the shift. Incoming shift may be called in earlier to assist with resident care, even if for only for partial hours. The Rehab staff on shift are on standby for providing resident care such as ADL care and feeding assistance 	
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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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S 560	Continued From page 2	S 560	<p>as appropriate. Other non-licensed staff may assist with basic needs such as passing out meal trays or assisting with answering call bells.</p> <ul style="list-style-type: none"> - Continuing open houses and increased agency usage - HR Director has reached out to CNA schools to advise we are hiring and willing to train new graduates -The Administrator hired a new staffing coordinator <p>4. The Staffing Coordinator and/or designee will audit the staffing schedule weekly for 4 weeks then monthly for 3 months to ensure staffing requirements are being met. The Staffing Coordinator and/or designee will submit the audit report to the quarterly Quality Assurance Improvement Committee.</p>	
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061601	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/10/2025
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	07/16/2025	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 6/16/2025		<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		