

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/24/2021
NAME OF PROVIDER OR SUPPLIER ATLAS REHABILITATION AND HEALTHCARE A		STREET ADDRESS, CITY, STATE, ZIP CODE 100 WEST MAGNOLIA AVENUE MAYWOOD, NJ 07607		
(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 THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 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.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on interview and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios for the day shift as mandated by the State of New Jersey. The facility was deficient in CNA staffing for 24 of 28 day shifts and 1 of 28 evening shifts. Reference: New Jersey Department of Health (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	S 560	I. All residents that were in the facility on the dates identified below the required staffing ratio were reviewed and none were determined to have had a negative outcome due to facility staffing below the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey on 9/19/21, 9/20/21, 9/21/21, 9/22/21, 9/23/21, 9/24/21, 9/25/21, 9/26/21, 9/27/21, 9/28/21, 9/29/21, 9/30/21, 10/1/21, 10/2/21, 11/7/21, 11/8/21, 11/9/21, 11/11/21, 11/12/21, 11/13/21, 11/14/21, 11/17/21,	1/3/22

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

TITLE

(X6) DATE

Electronically Signed

12/20/21

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>Governor signed into law P.L. 2020 c 112, codified at 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.</p> <p>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 CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>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>The evidence was as follows:</p> <p>On 11/24/21 at 9:34 AM, the surveyor, in the presence of the survey team interviewed the Human Resources Staffing Coordinator who stated that she was aware of the required minimum direct care staff to resident ratios. She further stated that the facility was meeting the required minimum direct care staff to resident ratios.</p> <p>On 11/24/21 at 10:11 AM, the surveyor, in the presence of the survey team, interviewed the Licensed Nursing Home Administrator who stated that he was aware of the required minimum direct care staff to resident ratios. He further stated that the facility was meeting the required minimum direct care staff to resident ratios a lot of the time.</p>	S 560	<p>11/19/21 and 11/20/21. Nursing management, Administrative staff, and contracted agency staff were in the facility to ensure resident needs were being met.</p> <p>II. All residents have the potential to be affected by the practice and can be identified by the resident roster. Policy titled Nursing Department-Staffing, Scheduling and Postings was revised on December 1, 2021 to include the required minimum direct care staff to resident ratio. The DON or designee conducted an audit of current staffing schedule and request for required CNAs to meet staffing ratios was sent to agency.</p> <p>III. The Licensed Nursing Home Administrator or designee will educate the Staffing Coordinator on the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. The Licensed Nursing Home Administrator or designee will monitor the resident daily census and the daily scheduled direct care staff to ensure the required minimum direct care staff-to-resident ratios are being met as mandated by the State of New Jersey. The facility will utilize all available contracted staffing agencies to supplement staffing shortages. The staffing coordinator will also prepare a rolling staffing schedule two weeks in advance, updated weekly and forward to the agency the vacancies that require filling to meet the minimum staffing ratios. The staffing coordinator/designee will update the contracted agency daily of any</p>	

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S 560	<p>Continued From page 2</p> <p>A review of the facility provided policy titled, "Nursing Department-Staffing, Scheduling and Postings" with a revised date of November 1, 2017 included the following: "Purpose-To ensure an adequate number of nursing personnel are available to meet resident needs. Policy-I. The Facility will employ sufficient Nursing Staff on an 24 hour basis that meet the appropriate competencies, skill set, and required qualifications to provide nursing and related services to attain or maintain the highest practicable physical, mental and psychosocial well-being for each resident. II. In staffing an adequate number of nursing service personnel, scheduling will be done as needed to meet resident needs and will account for the number, acuity and diagnoses the facilities resident populations ..."</p> <p>The facility provided policy did not include the required minimum direct care staff to resident ratios.</p> <p>As per the "Nurse Staffing Report" completed by the facility for the weeks of 9/19/21, 9/26/21, 11/7/21 and 11/14/21, the staffing to resident ratios did not meet the minimum requirement of 1 CNA to 8 residents.</p> <p>1. Weeks for complaint of 09/19/2021 to 10/02/2021- The facility was deficient for CNA staffing for residents on 14 of 14 day shifts and deficient in total staff for residents on 1 of 14 evening shifts as follows:</p> <p>09/19/21 had 10 CNAs for 118 residents on the day shift, required 15 CNAs. 09/20/21 had 12 CNAs for 117 residents on the day shift, required 15 CNAs.</p>	S 560	<p>changes in the number of vacant shifts that cannot be filled by the facility's current staffing pool. Facility is continuously actively seeking and hiring nursing staff via recruiting agency and mailings.</p> <p>IV. The Licensed Nursing Home Administrator or designee will conduct weekly audits x 3 months to ensure the required minimum direct care staff-to-resident ratios are met as mandated by the state of New Jersey. The results of these audits will be reviewed at the monthly QAPI meeting. The administrator will take actions as needed.</p>	

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S 560	<p>Continued From page 3</p> <p>09/21/21 had 12 CNAs for 117 residents on the day shift, required 15 CNAs. 09/22/21 had 12 CNAs for 117 residents on the day shift, required 15 CNAs. 09/23/21 had 12 CNAs for 117 residents on the day shift, required 15 CNAs. 09/24/21 had 13 CNAs for 119 residents on the day shift, required 15 CNAs. 09/25/21 had 9 CNAs for 118 residents on the day shift, required 15 CNAs. 09/25/21 had 8 total staff for 118 residents on the evening shift, required 12 total staff. 09/26/21 had 11 CNAs for 118 residents on the day shift, required 15 CNAs. 09/27/21 had 10 CNAs for 118 residents on the day shift, required 15 CNAs. 09/28/21 had 14 CNAs for 117 residents on the day shift, required 15 CNAs. 09/29/21 had 10 CNAs for 117 residents on the day shift, required 15 CNAs. 09/30/21 had 12 CNAs for 115 residents on the day shift, required 15 CNAs. 10/01/21 had 13 CNAs for 115 residents on the day shift, required 15 CNAs. 10/02/21 had 11 CNAs for 115 residents on the day shift, required 15 CNAs.</p> <p>2. Weeks for Standard portion of the survey 11/07/2021 to 11/20/2021 was deficient in CNA staffing for residents on 10 of 14 day shifts as follows:</p> <p>11/07/21 had 11 CNAs for 115 residents on the day shift, required 15 CNAs. 11/08/21 had 13 CNAs for 115 residents on the day shift, required 15 CNAs. 11/09/21 had 14 CNAs for 115 residents on the day shift, required 15 CNAs. 11/11/21 had 12 CNAs for 115 residents on the</p>	S 560			

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S 560	Continued From page 4 day shift, required 15 CNAs. 11/12/21 had 12 CNAs for 115 residents on the day shift, required 15 CNAs. 11/13/21 had 12 CNAs for 118 residents on the day shift, required 15 CNAs. 11/14/21 had 12 CNAs for 118 residents on the day shift, required 15 CNAs. 11/17/21 had 13 CNAs for 113 residents on the day shift, required 15 CNAs. 11/19/21 had 14 CNAs for 118 residents on the day shift, required 15 CNAs. 11/20/21 had 14 CNAs for 118 residents on the day shift, required 15 CNAs.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 60203	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/28/2022
NAME OF FACILITY ATLAS REHABILITATION AND HEALTHCARE AT MAYWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 100 WEST MAGNOLIA AVENUE MAYWOOD, NJ 07607	

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	01/03/2022	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	
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 11/24/2021		<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			