

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315494	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/28/2025
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NAME OF PROVIDER OR SUPPLIER Alaris Health at The Chateau	STREET ADDRESS, CITY, STATE, ZIP CODE 96 PARKWAY , ROCHELLE PARK, New Jersey, 07662
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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) COMPLETION DATE
F0000	<p>INITIAL COMMENTS</p> <p>Complaint #421487, 421494, and 421518</p> <p>COMPLAINT SURVEY: 10/28/25</p> <p>CENSUS: 201</p> <p>SAMPLE SIZE: 3</p> <p>A Complaint Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long-Term Care Facilities. Deficiencies were not cited for this survey.</p>	F0000		11/13/2025

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 reverse for further 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
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056301	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/28/2025
NAME OF PROVIDER OR SUPPLIER Alaris Health at The Chateau			STREET ADDRESS, CITY, STATE, ZIP CODE 96 PARKWAY , ROCHELLE PARK, New Jersey, 07662	
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S0000	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.	S0000		11/17/2025
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on the 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 as mandated by the state of New Jersey. NJ #421487 and 421494 This deficient practice was evidenced by the following: Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. 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.	S0560	Immediate Action The facility respectfully submits that staff to resident ratios were reviewed for the dates between 10/19-10/25/25 to ensure compliance with New Jersey minimal staffing requirements. Staffing coordinator was re-educated by the Director of Nursing on 11/13/2025 on staffing ratio requirements. 2. Identification of Others The facility respectfully submits that all residents may be affected by this practice. 3. System Change Policy and Procedure for minimal staffing was reviewed on 11/13/2025 by Administrator and Director of Nursing and noted to include staffing ratio of Certified Nursing Assistant (C.N.A.) of 1:8 for day shift, 1:10 for evening shift and 1:14 for the night shift. Director of Nursing and Administrator will review open positions, applications and all interviews weekly to look for opportunities to hire. The Administrator and Director of Nursing will	11/20/2025

Office of Primary Care and Health Systems Management

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F0000	<p>INITIAL COMMENTS</p> <p>An off-site/desk review of the facility's Plan of Correction was conducted on 11/20/2025 in relation to the 10/28/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p>	F0000		

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 reverse for further 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.

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S0000	Initial Comments An off-site/desk review of the facility's Plan of Correction was conducted on 11/20/2025 in relation to the 10/28/2025 State of New Jersey Complaint survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long-Term Care Facilities.	S0000		

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