

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 12/04/2025
NAME OF PROVIDER OR SUPPLIER Alaris Health at The Chateau			STREET ADDRESS, CITY, STATE, ZIP CODE 96 PARKWAY , ROCHELLE PARK, New Jersey, 07662	
(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 #: 2662306</p> <p>Census: 151</p> <p>Sample Size: 4</p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.</p>	F0000		12/11/2025

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
---	-------	-----------

New Jersey State 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 12/04/2025
NAME OF PROVIDER OR SUPPLIER Alaris Health at The Chateau			STREET ADDRESS, CITY, STATE, ZIP CODE 96 PARKWAY , ROCHELLE PARK, New Jersey, 07662	
(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
S0000	Initial Comments Complaint #: 2662306 Census: 151 Sample Size: 4 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.	S0000		12/11/2025
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 facility document review on (date) it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey for 14 of 14 day shifts from 11/16/2025 & 11/23/2025. The deficient practice was evidenced by the following: 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 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:	S0560	Immediate Action The facility respectfully submits that staff to resident ratios were reviewed for the dates between 11/16 - 11/23/25 to ensure compliance with New Jersey minimal staffing requirements. Staffing coordinator was re-educated by the Director of Nursing on 12/11/25 on staffing ratio requirements. Identification of Others The facility respectfully submits that all residents may be affected by this process. System Change Policy and Procedure for minimal staffing was reviewed on 12/11/2025 by Administrator and Director of Nursing and noted that 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 is included. Director of Nursing and Administrator will review open positions, applications and all interviews weekly to	12/12/2025

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

New Jersey State 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 12/04/2025
NAME OF PROVIDER OR SUPPLIER Alaris Health at The Chateau			STREET ADDRESS, CITY, STATE, ZIP CODE 96 PARKWAY , ROCHELLE PARK, New Jersey, 07662	
(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
S0560	<p>Continued from page 1</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 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</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 surveyor requested staffing for the weeks of 11/16/2025 & 11/23/2025.</p> <p>AAS 11 - 11/16/2025</p> <p>Sunday, 11/16/2025 on the am shift, with a census of 198 required 25 CNAs, actual CNA staffing was 20 for a deficit of 5 CNAs.</p> <p>Monday, 11/17/2025 on the am shift, with a census of 196, required 24 CNAs, actual CNA staffing was 21 for a deficit of 3 CNAs.</p> <p>Tuesday, 11/18/2025 on the am shift, with a census of 196, required 24 CNAs, actual CNA staffing was 23 for a deficit of 1 CNA.</p> <p>Wednesday, 11/19/2025 on the am shift, with a census of 196, required 24 CNAs, actual CNA staffing was 23 for a deficit of 1 CNA.</p> <p>Thursday, 11/20/2025 on the am shift, with a census of 196, required 24 CNAs, actual CNA staffing was 23 for a deficit of 1 CNA.</p> <p>Friday, 11/21/2025 on the am shift, with a census of 198, required 25 CNAs, actual CNA staffing was 23 for a deficit of 2 CNAs.</p> <p>Saturday, 11/22/2025 on the am shift, with a census of 198, required 25 CNAs, actual CNA staffing was 21 for a deficit of 4 CNAs.</p> <p>AAS 11 - 11/23/2025</p> <p>Sunday, 11/23/2025 on the am shift, with a census of 198, required 25 CNAs, actual CNA staffing was 17 for a deficit of 8 CNAs.</p>	S0560	<p>Continued from page 1 look for opportunities to hire.</p> <p>The Administrator and Director of Nursing will continue to utilize all possible means to increase the facility staff. This will include continued timely interviews, job fairs, reaching out to agencies for supplemental staff, setting up booths at nursing schools, utilization of all possible avenues to increase staffing in the facility.</p> <p>Administrator, Director of Nursing or Designee will review employee attendance policy with nursing department.</p> <p>Quality Assurance</p> <p>Audits will be completed by the Director of Nursing or designee to ensure that all staffing complies with staffing ratios. Audits will be done weekly x 4 weeks, monthly x 2 weeks and quarterly x 2 quarters. The results of all audits will be brought to the QAPI committee quarterly x 2 quarters.</p> <p>Responsibility</p> <p>Administrator, Director of Nursing and Staffing Coordinator</p>	

New Jersey State 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 12/04/2025
NAME OF PROVIDER OR SUPPLIER Alaris Health at The Chateau			STREET ADDRESS, CITY, STATE, ZIP CODE 96 PARKWAY , ROCHELLE PARK, New Jersey, 07662	
(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
S0560	Continued from page 2 Monday, 11/24/2025 on the am shift, with a census of 198 required 25 CNAs, actual CNA staffing was 22 for a deficit of 3 CNAs. Tuesday, 11/25/2025 on the am shift, with a census of 201 required 25 CNAs, actual CNA staffing was 23 for a deficit of 2 CNAs. Wednesday, 11/26/2025 on the am shift, with a census of 201, required 25 CNAs, actual CNA staffing was 23 for a deficit of 2 CNAs. Friday, 11/28/2025 on the am shift, with a census of 201, required 25 CNAs, actual CNA staffing was 23 for a deficit of 2 CNAs. Saturday, 11/29/025 on the am shift, with a census of 206, required 26 CNAs, actual CNA staffing was 23 for a deficit of 3 CNAs.	S0560		

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 12/04/2025
NAME OF PROVIDER OR SUPPLIER Alaris Health at The Chateau			STREET ADDRESS, CITY, STATE, ZIP CODE 96 PARKWAY , ROCHELLE PARK, New Jersey, 07662	
(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	INITIAL COMMENTS . The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

