STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315521	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATLAS POST ACUTE AT WOODBURY COUNTRY CLUB	**467 COOPER STREET , WOODBURY, New Jersey, 08096**

(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 NJDOH conducted a Complaint survey on 9/26/2025 and 9/29/2025. The survey was officially completed on 9/29/2025. COMPLAINT #: NJ187636, 2574959, 2596095, 2616856 CENSUS: 102 SAMPLE SIZE: 8 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F0000		12/04/2025
F0755 SS = D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of	F0755	F 755 Pharmacy F755 Srvcs/Procedures/Pharmacist/Records 1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident 1 No longer resides in the facility. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice. All residents have the potential to be affected. No other residents were identified as being affected. 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: The Director of Nursing or designee conducted in-servicing with all licensed nurses on timely medication administration based on the providers order, ensuring documentation of controlled substance medications accurately reflect the disposition and administration times, and accurate shift to shift controlled substance counts. This was completed on 09/26/2025. Newly hired staff will receive the in-servicing in orientation when they are hired prior to working the floor.	12/04/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315521	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/26/2025

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F0755 SS = D	Continued from page 1 receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is NOT MET as evidenced by: Complaint 2616856 Based on interview, record review, and policy review on 9/26/2025 and 9/29/2025, it was determined that the facility failed a. to ensure medications were administered to a resident according to standards of practice and b. to follow their own policy for medication administration. This deficient practice resulted in Resident #1 receiving a scheduled NJ Exec medication late, with the potential for NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. This deficient practice was identified for 1 of 8 sampled residents (Resident #1) and was evidenced by the following: According to Resident #1's Admission Record (AR), the resident was admitted to the facility with diagnoses that included but were not limited to: NJ Exec Order 26.4b1 A Review of the comprehensive Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4b1, revealed that Resident #1 had a Brief Interview of Mental Status (BIMS) score of NJ E out of 15, indicating the resident had a NJ Exec Order 26.4b1. A Review of Resident #1's Care Plan (CP) revealed a focus of "I have (NJ Exec Order 26.4b1 r/t [related to] recent NJ Exec Order 26.4b1] and NJ Exec Order 2 initiated NJ Exec Order 26.4b1 and an intervention of "Administer NJ Exec Order 26.4 as per orders." On 9/26/2025 a review of the Physicians Orders revealed Resident #1 had an order for NJ Exec Order 26.4b1 give 1 tablet by mouth every 8 hours for NJ Exec Ord scheduled for 6:00 A.M., 2:00 P.M. and 10:00 P.M. beginning on NJ Exec Order 26.4 and discontinued on NJ Exec Order 26.4. A Review of the "Medication Admin Audit Report" (MAAR) for NJ Exec Order 26.4b revealed the 2:00 P.M. dose was administered at 3:53 P.M. That is 1 hour and 53 minutes after the scheduled time.	F0755	Continued from page 1 4. Indicate how the facility plans to monitor its performance to make sure that solutions are lasting: Director of Nursing or designee will conduct audits on 10 resident charts to confirm medications were administrated timely. Director of Nursing or designee will initiate audits on 5 residents who received controlled medication to ensure documentation accurately reflects disposition and medication administration times. Director of Nursing or designee will initiate audits on 2 random nurses shift to shift controlled substance sign in sheets to ensure timely and accurate completion. All Audits will be conducted weekly x 4 weeks starting on 11/28/2025, then every other week for 4 weeks, and then monthly x 3 months. The results of the audit will be reported to the facility QAPI committee until compliance is determined to be sustained. 5. Date of Compliance: 12/04/2025	

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F0755 SS = D	Continued from page 2 In an interview on 9/26/2025 at 12:45 P.M., with the [redacted]), the surveyor showed the MAAR for 9/8/2025 and the [redacted] said the medication was given late, the policy was not followed, and the physician should have been notified to clarify next steps for the medication. In an interview on 9/29/2025 at 11:32 P.M., with the [redacted]) the surveyor showed the MAAR for [redacted] and the [redacted] explained the documentation showed the medication was given late. A review of the facility's policy titled "Administering Medications" with a revision date of April 2019 revealed under "Policy Interpretation and Implementation" that "4. Medications are administered in accordance with prescriber orders…" and "7. Medications are administered within one (1) hour of their prescribed time…" NJAC 8:39-11.2 (b), 29.2 (d)	F0755		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 08008	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/26/2025

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ATLAS POST ACUTE AT WOODBURY COUNTRY CLUB	467 COOPER STREET , WOODBURY, New Jersey, 08096

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S0000	Initial Comments The NJDOH conducted a Complaint survey on 9/26/2025 and 9/29/2025. The survey was officially completed on 9/29/2025. COMPLAINT #: NJ187636, 2574959, 2596095, 2616856 CENSUS: 102 SAMPLE SIZE: 8 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		12/04/2025
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: Complaint #: NJ187636, 2574959, 2596095, 2616856 Based on review of facility documents on 09/29/2025, it was determined that the facility failed to ensure staffing ratios were met for the shifts reviewed as noted below. This deficient practice had the potential to affect all residents. Findings include: 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	S0560	S560- 8:39-5.1(a) Mandatory Access to Care The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. 1.Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: No residents were identified nor immediately affected by the failure to provide minimum staffing levels as mandated by the State of New Jersey. 2.Address how the facility will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected by this deficient practice. 3.Address what measures will be put into place or systemic changes made to ensure that the deficient	12/04/2025

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 08008	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/26/2025

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S0560	Continued from page 1 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: 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. For the week of Complaint staffing from 06/15/2025 to 06/21/2025, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows: On 06/21/25 had 14 CNAs for 117 residents on the day shift, required at least 15 CNAs. For the week of Complaint staffing from 08/17/2025 to 08/23/2025, the facility was deficient in CNA staffing for residents on 2 of 7 day shifts as follows: On 08/17/25 had 14 CNAs for 118 residents on the day shift, required at least 15 CNAs. On 08/23/25 had 13 CNAs for 110 residents on the day shift, required at least 14 CNAs. For the 2 weeks of staffing prior to survey from 09/07/2025 to 09/20/2025, the facility was deficient in CNA staffing for residents on 2 of 14 day shifts as follows: On 09/07/25 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs. On 09/16/25 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs.	S0560	Continued from page 1 practice will not recur: Human Resources and Staffing Director was educated on S560 on 11/27/2025. Administrator was educated on S560 by Regional Director of Labor Management and Recruitment on 11/27/2025. Recruitment efforts continue to include: wage analysis and adjustments, vacant shift bonuses, online job listings, ongoing onsite job fairs, on-demand orientation classes, daily interviews to walk-ins, shift differentials and referral bonuses. 4.Indicate how the facility plans to monitor its performance to make sure that solutions are lasting: The Administrator or designee will review staffing schedules weekly to ensure adequate staffing for all shifts starting on 11/28/2025. Any findings will be followed up and documented and then reported during the quarterly QAPI meetings for one years' time, or until staffing levels are no longer an issue. 5. Completion Date: 12/04/2025	

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/11/2025 in relation to the 9/29/2025 Complaint survey. 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.

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New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 08008	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/11/2025

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/11/2025 in relation to the 09/29/2025 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		

Office of Primary Care and Health Systems Management

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