STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315021	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATLAS HEALTHCARE AT DAUGHTERS OF MIRIAM	**155 HAZEL STREET , CLIFTON, New Jersey, 07011**

(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 COMPLAINT #: 2572912, 2575191 CENSUS: 204 SAMPLE SIZE: 6 THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 031601	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATLAS HEALTHCARE AT DAUGHTERS OF MIRIAM	155 HAZEL STREET , CLIFTON, New Jersey, 07011

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H0000	Initials Comments The facility is not in compliance with N.J.A.C. Title 8 Chapter 43E-General Licensure Procedures and Standards Applicable to all Licensed Facilities.	H0000		
H3470	Other Rprtng Rqrmnts Unrltd to Pt Sfty Act CFR(s): 8:43E-10.11(c)(2) Examples of reportable events in the nature of physical plant and operational interruptions, include, but are not limited to, the following: Loss or significant reduction of water, electrical power, or any other essential utilities necessary to the operation of the facility. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Complaint #: 2572912, 2575191 Based on interview and review of pertinent facility documentation, it was determined that the facility failed to immediately report to the New Jersey Department of Health (NJDOH) that a partial loss of power had occurred, and the backup generator was activated. According to the Facility Reportable Event (FRE), a NJDOH document used by healthcare facilities to report incidents, the facility had a partial power loss that resulted in the backup generator being activated on 7/26/2025 at 11:00 AM. The FRE further revealed that the event was called in on 7/27/2025 at 10:30 AM. On 7/31/2025 at 11:00AM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) who stated the facility had a partial loss of power which affected the lighting and electrical outlets in certain parts of the building. On 8/11/2025 at 11:51 AM, the surveyor conducted a follow-up telephone interview with the LNHA who stated that he received a message from a facility nurse on 7/27/2025 that the local police were at the facility.	H3470	H3470 1. The Administrator educated the Maintenance Director on immediate reporting of any partial loss of power. 2. All patients have the potential to be affected by such deficient practice. 3. The Maintenance Director will immediately report all power outages to the Administrator. The Administrator will promptly call in to report to the Department of Health interruption of power. The Maintenance Director in-serviced the maintenance staff that all electrical power outages, regardless of length of time, need to be immediately reported to the Administrator and/or to the regional manager for immediate notification to the Department of Health. 4. The Maintenance Director will conduct weekly audits of the Emergency Generator Log for 3 months. All findings will be reported to the Administrator, and at least once every quarter x 2 quarters, at the Quality Assurance and Performance Improvement committee meeting.	08/15/2025

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: 031601	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/31/2025

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H3470	Continued from page 1 He further stated he was told by the local police to call the NJDOH. The LNHA stated he called the NJDOH hotline on 7/27/2025 at 10:50 AM to notify of the facility's loss of power. He further indicated that his understanding was that the loss of power was to be reported within 24 hours according to his discussion with the facility's corporate team.	H3470		
S0000	Initial Comments 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		
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 #: 2572912, 2575191 Based on review of facility documents on 7/31/2025, it was determined that the facility failed to ensure staffing ratios were met for 1 of 14-day shifts reviewed. 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 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	S0560	S560 1. The Administrator/designee educated the Staffing Coordinator on the staffing ratio requirements. 2. All active residents have the potential to be affected by such deficient practice. 3. The Administrator/designee provided in-service education to the staffing coordinator on N.J. S.A. 30:13-18 (the Act) which establish minimum staffing requirements in nursing home in New Jersey. The facility has implemented a significant sign-on bonus for nurses and certified nursing assistants. The facility has reintroduced an incentive referral bonus program for employees referring staff where appropriate. The facility continues to conduct or participate at on-going job fairs internally and externally with immediate interviews and contingency offers. 4. The facility continues to implement an expedited onboarding process for new hires. The Director of Nursing or designee will review facility census, admissions, resident acuity, staff call outs if any, and staffing needs to ensure the facility meets compliance with the minimum staffing requirements in New Jersey. The daily review will be on an on-going basis. The Director of Nursing or designee will report	08/21/2025

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S0560	Continued from page 2 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 2 weeks of AAS-11 staffing, the facility was deficient in CNA staffing for residents on 1 of 14 day shifts as follows: -On 07/20/25, the facility had 23 CNAs for 193 residents on the day shift, required at least 24 CNAs.	S0560	Continued from page 2 the findings of the daily staffing audits to the Administrator/designee, weekly x4 weeks, then monthly x 6 months. Findings will also be presented at least once every quarter x 2 quarters, at the Quality Assurance Performance Improvement ("QAPI") committee meeting.	