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 10/30/2025

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 NJ#185733 (397779) COMPLAINT SURVEY: 10/30/25 CENSUS: 196 SAMPLE SIZE: 5 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. Deficiencies were cited for this survey.	F0000		11/14/2025
F0684 SS = D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is NOT MET as evidenced by: Complaint #185733 (397779) Based on interview, review of medical record, and other pertinent documentation, it was determined that the facility failed to ensure, a.) appropriate NJ Ex Order 26.4(b)(1) care was provided for 2 of 3 residents, (Residents #1 and #2) reviewed for quality of care and b.) meal trays delivered timely to residents in 1 of 1 nursing unit observed (2 West unit) in accordance with standard of clinical practice facility's practice. This deficient practice was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for	F0684	F0684 1) On 10/30/25, the Director of Nursing (DON) conducted a head-to-toe assessment on Resident #1 and Resident #2 and did not observe any NJ Ex Order 26.4(b)(1) or injuries related to the use of NJ Ex Order 26.4(b). The DON interviewed Resident #1 and Resident # 2 to confirm the request with NJ Ex Order 26.4(b)(1) to manage NJ Ex Order 26.4(b)(1) Resident #1 and Resident #2 confirmed the residents request to use NJ Ex Order 26.4(b) and were educated on risks with the use NJ Ex Order 26.4(b) such NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). Resident # 1 and Resident #2 plan of care were updated to reflect the residents' preference to use NJ Ex Orde to manage NJ Ex Order 26.4(b)(1) On 10/30/25, the facility educator or designee in-serviced Certified Nursing Assistant (CNA) #1, CNA# 2, U.S. FOIA (b) (6)), and U.S. FOIA (b) (6)) on the Urinary Continence and Incontinence-Assessment and Management Policy, Activities of Daily Living Supporting Policy, and the plan of care required a resident request to use two briefs. On 10/30/2025, the DON or designee assessed the residents on 2 West and did not observe any signs of hunger with confused residents or concerns from the alert residents related to delay with the breakfast	11/14/2025

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 10/30/2025

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
F0684 SS = D	Continued from page 1 the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist." Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." 1.On 10/30/25 at 8:22 AM, Surveyor #1 (S #1) asked the U.S. FOIA (b) (6) for list of NJ Ex Order 26.4(b)(1) residents, schedule, staffing, and mealtime schedules, and she stated that she would get back to S #1. On 10/30/25 at 9:00 AM, S#1 interviewed the U.S. FOIA (b) (6)) from 11:00 PM – 7:00 AM (11-7) shift, who informed S #1 that she “usually” work at 2 West unit and that “today” the census in 2 West was 35, with one nurse, and two Certified Nursing Aides (CNAs). On that same date at 9:10 AM, S #1 observed 2 West unit, there were two food trucks that were left opened, two food carts with breakfast trays, and Certified Nursing Aide #1 (CNA #1) distributing trays inside the dining area in front of the nursing station. There were no other staff assisting CNA #1. On that same date and time, S #1 observed the U.S. FOIA (b) (6)) in front of the nursing station in their medication (med) cart preparing medications (meds). S #1 also observed Resident #5 came out from the dining area and poured coffee that was on top of the food truck and went back to the dining area. The U.S. F confirmed to S #1 that Resident #5 was a resident in the unit and that staff should be the one to serve	F0684	Continued from page 1 meal. On 10/30/2025, the facility educator or designee in-serviced CNA #1, CNA #2, CNA #3, RN, and LPNS regarding passing out meal trays timely. 2) All active residents who use briefs have the potential to be affected by this deficient practice. On 10/30/2025, the unit managers audited all active residents to identify which residents use briefs. No other residents were identified using two briefs. All active residents have the potential to be affected by this deficient practice. On 10/30/2025, the Director of Nursing Food Service Director or designee audited the delivery of the meal trucks and trays. No other residents were identified receiving a late meal tray. 3) On 11/4/25 The DON or designee completed in-serviced all licensed nurses and CNAs on the Urinary Continence and Incontinence-Assessment and Management Policy, Activities of Daily Living Supporting Policy, and the plan of care required when a resident requests to use two briefs. The Unit Manager (UM)or designee will audit the use of briefs on 10 residents weekly x 1 month, then monthly x 3 months to ensure two briefs are not applied on resident’s with BIMs less than 11 The DON or designee in-serviced all licensed nurses and CNAs to pass out the meal trays to the residents timely. The dietician or designee will audit a meal daily x 1 week, weekly x 4 weeks, then monthly x 3 months to ensure the meal trays are passed out to the residents timely. 4) The DON, Administrator or designee will report the results of the audits at the Quality Assurance Performance Improvement (QAPI) meetings x 4 months to ensure compliance and if further action is necessary.	

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 10/30/2025

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
F0684 SS = D	Continued from page 2 residents with their meal. At that same time, S #1 observed CNA #1 was called by the [U.S. FOIA (] into Resident #4's room and left the dining area and distribution of meal trays unattended. On 10/30/25 at 9:30 AM, CNA #2 came to the nursing station and distributed the breakfast trays that were in the two food carts to resident rooms. On 10/30/25 at 9:42 AM, CNA #3 informed S #1 in the presence of the [U.S. F] that the breakfast trucks were delivered to the unit after 8:30 AM, before 9:00 AM. On 10/30/25 at 9:50 AM, CNA #4 informed S #1 that she was "floater" and when breakfast truck was delivered in, it should be distributed to the residents right away "like in 10 minutes." On 10/30/25 at 9:53 AM, CNA #3 stated that she had nine residents in her assignment today and in regular days, she had the same number of residents. She further stated that if they were short of staff in 7-3 shift, she had at least 12 residents in her assignment. She also stated that the breakfast tray "usually" comes between 8:30 AM-9:00 AM (9 AM), and aides should deliver them to residents immediately. At that same time, S #1 notified the above concern that the breakfast trays were not delivered timely, left unattended, and there was only one aide that was there at that time. CNA #3 informed S #1 that she was at the resident's room and was unaware that the food trucks were delivered. She further stated that she was the only one regular at the unit today and the other aides were floater, and that CNA #3 had to explain to the on what to do. On 10/30/25 at 11:31 AM, S #1 interviewed the [U.S. FOIA] in the presence of Surveyor #2 (S #2) with regard to meal deliveries and facility practice. The [U.S. FOIA] informed the surveyors that once the food trucks were delivered in the unit, any CNA could separate the food trays into the food carts, and deliver them to residents as soon as possible, between 5 to 10 minutes to keep the food warm. She further stated that there was no policy with regard to meal distribution in the unit, the staff were	F0684		

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 10/30/2025

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
F0684 SS = D	Continued from page 3 aware via verbal communication that they had to pass the trays. She also added that there was no documented evidence in the CNAs assignment sheets about meal delivery to residents. At that same time, S #1 notified the U.S. FOIA of the above findings and concerns that according to CNA #3, the breakfast food trucks were delivered between 8:30 AM and before 9 AM, and it was not until 9:30 AM when the last tray was delivered to the resident. The U.S. FOIA stated that the meal trays should have been delivered between 9:10 AM and 9:20 AM and not 9:30 AM. A review of the provided Meal Truck Delivery Schedule by the U.S. FOIA revealed that for 2 West 1 breakfast delivery to the floor scheduled at 8:15 AM and for 2 West 2 at 8:25 AM. 2. On 10/30/25 at 9:40 AM, both S #1 and the U.S. F observed Resident #1 in the dining room seated in a wheelchair with other eight residents. The U.S. F informed S #1 that Resident #1 was NJ Ex Order 26.4(b)(1), required NJ Ex Order 26.4(b)(1) with adls (activities of daily living), and NJ Ex Order 26.4(b)(1) . On 10/30/25 at 10:00 AM, after Resident #1 had breakfast, CNA #2 accompanied the resident inside the tub room, and S #1 observed the resident with NJ Ex in used. CNA #2 confirmed that she was the one who put the NJ Ex Order 26.4(b)(1) as per resident's request. She further stated that the nurse should be aware of the NJ Ex Order 2 On 10/30/25 at 10:05 AM, The U.S. F stated that she was unaware that Resident #1 had NJ Ex Order 26.4(b)(1) . She further stated that it was inappropriate for staff to NJ Ex Order 26.4(b)(unless the resident requested for it. On 10/30/25 at 10:10 AM, S #1 asked the U.S. FOIA(about NJ Ex Order 26.4(b)(1) , and she stated that it was not a practice of the facility to use NJ Ex Order 2 She also stated that unless the resident requested for it, it should be documented in their care plan (CP).	F0684		

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 10/30/2025

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
F0684 SS = D	Continued from page 4 At that same time, S #1 notified the U.S. FOIA (of the above findings and concerns. U.S. FOIA (reviewed the electronic medical records of Resident #1 and confirmed that there was no CP information and intervention that was documented for use of double incontinence briefs. On 10/30/25 at 11:31 AM, the U.S. FOIA stated that there were residents in the facility that requested for NJ Ex Order 2 , and those were residents who were NJ Ex Order 26.4(b)(1) and NJ Ex Order 2 decide for their care. She also stated that it was expected that the CP included information about the resident's preference for NJ Ex Order 26.4(b)(1) use. She further stated that NJ Ex Order 26.4(b)(1) residents unable to request for NJ Ex Order 1 due to NJ Ex Order 26.4(b)(1). The U.S. FOIA stated that it was important not to use NJ Ex Order 26.4(b)(1) because the risk of resident of having NJ Ex (and NJ Ex Order 26.4(b)(1). S #1 notified of the above concerns with Resident #1. S #1 reviewed the medical records of Resident #1 and revealed: A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool, with an assessment reference date (ARD) o NJ Ex Order 26 revealed a brief interview for mental status (BIMS) score of NJ E out of 15, which reflected that the resident's cognition was NJ Ex Order 26.4(b)(1 . Section NJ Ex Order 26.4(b)(1) reflected that resident always NJ Ex Order 26.4(b)(1) and frequently NJ Ex Order 26.4(b)(1). On 10/30/25 at 12:15 PM, the surveyors met with the U.S. FOIA (b) (6)) and U.S. FOIA and S #1 notified them of the above findings and concerns with regard to meal delivery and NJ Ex Order 26.4(b)(1). The U.S. FOIA confirmed that if a resident requested for NJ Ex Order 2 it should be documented in the resident's CP and honor resident's preferences. The U.S. FOIA further stated that Residents #1 and #2's CP were being updated after surveyors' inquiry to include their preferences for NJ Ex Order 26.4(b)(1) . On 10/30/25 at 1:31 PM, the surveyors met with the U.S. FOIA (and U.S. FOIA (and the U.S. FOIA stated that it was okay for Resident #5 to pour their own coffee.	F0684		

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 10/30/2025

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
F0684 SS = D	Continued from page 5 On 10/30/25 at 2:06 PM, the surveyors met with the U.S. FOIA (b) U.S. FOIA (and two Administrators in Training during an exit conference, and the U.S. FOIA (confirmed that CNA #1 was called by the U.S. FOIA (during meal tray delivery and left the dining area to attend to Resident #4. 3. On 10/30/25 at 9:25 AM, S #2 entered Resident #2's room and observed the resident lying in bed. Resident #2 stated that they had not seen their assigned CNA yet. On 10/30/25 at 9:32 AM, S #2 requested CNA #2 to check the resident's NJ Ex Order 26.4(b)(1). S #2 observed that Resident #2 had NJ Ex Order 26.4(b)(1), one NJ Ex which was NJ Ex Order 26.4(b)(1) and an additional NJ Ex Order 26.4(b)(1) which was NJ Ex Order 26.4(b)(1). CNA #2 confirmed that the resident had NJ Ex Order 26.4(b)(1) CNA #2 stated that she was not the CNA assigned to care for Resident #2. On 10/30/25 at 9:35 AM, the U.S. FOIA (b) confirmed that Resident #2 had NJ Ex Order 26.4(b)(1). The U.S. FOIA (b) stated that it looked as if a liner was put inside the NJ Ex Order 26.4(b)(1) S #2 asked the U.S. FOIA (b) if the resident should have NJ Ex Order 26.4(b)(1) . The U.S. FOIA (b) stated no. On 10/30/25 at 9:42 AM, S #2 interviewed Resident #2's assigned CNA, CNA #1. CNA #1 stated that when she had done her rounds earlier that Resident #2 was sleeping and that she did not NJ Ex Order 2(Resident #2 yet. CNA #1 stated that Resident #2 was NJ Ex Or and NJ Ex Order 26(and that the resident put on the call light when they needed to be changed. S #2 asked CNA #1 about the NJ Ex Order 26.4(b)(1) . CNA #1 stated that maybe the night shift put on the NJ Ex Order 26.4(b)(1). A review of Resident #2's Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility with a diagnosis that included but were not limited to; NJ Ex Order 26.4(b)(and NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). A review of Resident #2's most recent quarterly MDS (qMDS), with an ARD o NJ Ex Order 26. , revealed in Section NJ E , the resident had a BIMS score of NJ E of 15, which reflected that the resident's NJ Exec Order 2	F0684		

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 10/30/2025

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
F0684 SS = D	Continued from page 6 status was NJ Ex Order 26.4(b)(1). The qMDS also included that the resident was coded #[redacted] for NJ Ex Order 26.4(b)(1), which reflected that the resident was [redacted] A review of the personalized care plan (CP) revealed that Resident #2, had an [redacted] related [redacted] with an initiated date of [redacted] The CP interventions included but were not limited to; I am NJ Ex Order 26.4(b)(1) (initiated [redacted] I [redacted] (initiated [redacted] and personal hygiene routine provide me with individualized [redacted] routine care as per preference and as per need of assistance I prefer to NJ Ex Order 26.4(b)(1)" such as [redacted], [redacted] etc to manage my NJ Ex Order 26.4(b)(1) (initiated [redacted]. Resident #2's CP was not revised to reflect the resident's [redacted] and the preference for [redacted]" was updated after surveyor inquiry. A review of Resident #2's facility provided Documentation Survey Report of CNA (CNA interventions and tasks accountability) for [redacted], revealed for NJ Ex Order 26.4(b)(1) that the resident was coded as [redacted] on most of the days of the month. On 10/30/25 at 11:43 AM, S #2 interviewed the [redacted] regarding NJ Ex Order 26.4(b)(1). The [redacted] stated that they "allow [redacted]." The [redacted] stated that some residents request it and proceeded to name two unsampled residents that resided on a different floor than Resident #2. The [redacted] did not name Resident #2 as a resident that requested NJ Ex Order 26.4(b)(1) [redacted]. The [redacted] stated that any new resident that requested NJ Ex Order 26.4(b)(1) that the staff were notified and the request was placed in the CP. The [redacted] then stated that for NJ Ex Order 26.4(b)(1) residents, NJ Ex Order 26.4(b)(1) were not used. S #2 asked the [redacted] the reason that NJ Ex Order 26.4(b)(1) should not be used. The [redacted] stated that it would increase the risk for NJ Ex Order 26.4(b)(1) and cause [redacted] S #2 then notified the [redacted] of the concern that Resident #2 was observed to have [redacted] On 10/30/25 at 12:14 PM, S #2 notified the [redacted] and [redacted] the concern that Resident #2 had NJ Ex Order 26.4(b)(1) [redacted]. The [redacted] stated that the staff had added to the resident's CP the preference of [redacted] today.	F0684		

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 10/30/2025

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
F0684 SS = D	Continued from page 7 On 10/30/25 at 1:30 PM, in the presence of the U.S. FOIA (b) the U.S. FOIA stated that CNAs and nurses were in-serviced about not using NJ Ex Order 26.4(b)(1) unless it was the resident's preference and in the CP. The U.S. FOIA added that Resident #2 was just interviewed and the resident requested the NJ Ex Order 26.4(b)(1) because they did not want the NJ Ex Order 26.4(b)(1). S #2 then asked the U.S. FOIA about Resident #2's CP that indicated the resident was NJ Ex Order 26.4(and used NJ Ex Order 26.4. The U.S. FOIA stated that Resident #2 was NJ Ex Order 26.4(in the past and that the CP needed to be updated. The U.S. FOIA also confirmed that the preference for NJ Ex Order 26.4(b)(1) was updated today. The U.S. FOIA (and U.S. FOIA did not provide any additional information. A review of the facility's "Urinary Continence and Incontinence-Assessment and Management Policy" with a revised date of August 2022, included the following: Policy Statement 1. The staff and practitioner will appropriately screen for, and manage, individuals with urinary incontinence. 2. Management of incontinence will follow relevant guidelines. The policy did not contain information regarding process of changing incontinent briefs. A review of the facility's "Activities of Daily Living (ADL), Supporting Policy" with a revised date of April 2025, included the following: Policy Statement Residents are provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out ADLs. Residents who are unable to carry out ADL independently receive the services necessary to maintain good nutrition, grooming, personal and oral hygiene. Policy Interpretation and Implementation 5. Appropriate care and services are provided for residents who are unable to carry out ADLs	F0684		

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 10/30/2025

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
F0684 SS = D	Continued from page 8 independently, with the consent of the resident, and in accordance with the plan of care, including appropriate support and assistance with: c. elimination (toileting); d. dining (eating, including meals and snacks);… 9. The resident's responses to interventions are monitored, evaluated and revised as appropriate. A review of the facility's "Resident Rights Policy" with a revised date of February 2021, included the following: Policy Statement Employees shall treat all residents with kindness, respect and dignity. Policy Interpretation and Implementation 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence; b. be treated with respect kindness, and dignity; c. be free from …neglect… p. be informed of, and participate in, his or her care planning and treatment;.. ff. equal access to quality of care, regardless of source of payment. A review of the facility's "Frequency of Meals Policy" with a revised date of July 2017, included the following: Policy Statement Each resident shall receive at least three (3) meals daily, at times comparable to typical mealtimes in the community, or in accordance with resident needs, preferences, requests and the plan of care. Policy Interpretation and Implementation 1. The facility will serve at least three (3) meals or	F0684		

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 10/30/2025

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
F0684 SS = D	Continued from page 9 their equivalent daily at scheduled times. There will not be more than fourteen (14) hour span between the evening meal and breakfast. 2. Meals will be served four (4) to six (6) hours apart to help assure that residents receive nutritional requirements… 3. A schedule of meal times and snacks shall be posted in resident areas…. The policy did not contain any information on meal tray passing. A review of the facility's "Care Planning-Interdisciplinary Team Policy" with a revised date of March 2022, included the following: Policy Statement The interdisciplinary team is responsible for the development of resident CPs. Policy Interpretation and Implementation 1. Resident CPs are developed according to the timeframes and criteria established by 483.21. 2. Comprehensive, person-centered CPs are based on resident assessments and developed by an interdisciplinary team (IDT)… 4. The resident, the resident's family and/or the resident's legal representative/guardian or surrogate are encouraged to participate in the development of and revisions to the resident's CP…. NJAC 8:39-11.2(b); 27.1(a)	F0684		
F0842 SS = D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5),483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the	F0842	F0842 1) For Residents #1 and #2 on 10/30/2025: medical records were reviewed for completeness by the Director of Nursing (DON). Missing Certified Nursing Assistants (CNA) documentation was corrected based on staff verification. Resident #2's care plan was updated to reflect current NJ Ex Order 26.4(status and preferences; Nursing staff were re-educated on accurate and timely Activities of Daily Living (ADL) and NJ Ex Order 26.4(b)(1) documentation by the Director of Nursing or designee.	11/14/2025

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 10/30/2025

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
F0842 SS = D	Continued from page 10 facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or	F0842	Continued from page 10 2) All residents currently residing in the facility have the potential to be affected by this deficient practice. An audit of resident medical records was completed to verify ADL documentation, continence coding, and care plan accuracy. Identified issues were corrected immediately by the Director of Nursing. No additional concerns were noted. 3) •On 10/30/2025, Nursing staff and CNAs re-educated on documentation requirements and care plan accuracy by the Director of Nursing or designee. •On 10/30/2025, The facility reinforced that double-briefing is prohibited unless part of an individualized care plan. •Unit Managers will review CNA documentation and continence coding each shift. 4) •DON/designee will audit a 5-10% sample of resident ADL documentation and care plans weekly for four weeks, then monthly for three months if compliance is maintained. •Results will be reviewed at the Quality Assurance Performance Improvement meetings (QAPI). •Monitoring will be adjusted if trends are identified.	

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 10/30/2025

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
F0842 SS = D	Continued from page 11 (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is NOT MET as evidenced by: Complaint NJ#185733 (397779) Based on interview and record review, it was determined that the facility failed to maintain a complete record for 2 of 4 residents records reviewed (Residents #1 and #2). The deficient practice was evidenced by the following: 1. On 10/30/25 at 9:40 AM, both Surveyor #1 (S #1) and the U.S. FOIA (b) (6)) observed Resident #1 in the dining room seated in a wheelchair with other eight residents. The RN informed S #1 that Resident #1 was NJ Ex Order 26.4(b)(1), required NJ Ex Order 26.4(b)(1) with adls (activities of daily living), and NJ Ex Order 26.4(b)(1) . S #1 reviewed the medical records of Resident #1 and revealed: A review of the most recent quarterly Minimum Data Set (qMDS), an assessment tool, with an assessment reference date (ARD) NJ Ex Order 26.4(0 revealed a brief interview for mental status (BIMS) score of NJ E out of	F0842		

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 10/30/2025

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
F0842 SS = D	Continued from page 12 15, which reflected that the resident's NJ Exec Order 26 was NJ Ex Order 26.4(b)(1). Section NJ Ex Order 26.4(b)(1) reflected that resident always NJ Ex Order 26.4(b)(1) and frequently NJ Ex Order 26.4(b)(1). A review of the provided documentation log for NJ Ex O by the CNAs (Certified Nursing Aides) for NJ Ex Order 26.4(b)(1) revealed that there were multiple blanks for dates NJ Ex Order 26 and NJ Ex Order 26.4(b On 10/30/25 at 1:31 PM, the surveyors met with the U.S. FOIA (b) (6)) and the U.S. FOIA (b) (6)), and S #1 notified them of the above findings and concerns with CNAs accountability log missing documentations. The U.S. FOIA confirmed that the NJ Ex log was the CNAs care log for the resident and it was expected for the CNA every shift. On 10/30/25 at 2:06 PM, the surveyors met with the U.S. FOIA (b) U.S. FOIA (and two Administrators in Training during an exit conference, there was no additional information provided by the U.S. FOIA (b 2. On 10/30/25 at 9:25 AM, Surveyor #2 (S #2) entered Resident #2's room and observed the resident lying in bed. Resident #2 stated that they had not seen their assigned CNA yet. A review of Resident #2's Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility with a diagnosis that included but were not limited to; NJ Ex Order 26.4(b)(and NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). A review of Resident #2's most recent qMDS, with an ARD of NJ Ex Order 26.4 revealed in Section NJ Ex Order 26.4(b)(1), the resident had a BIMS score of NJ E of 15, which reflected that the resident's NJ Exec Order 26 status was NJ Ex Order 26.4(b)(1) The qMDS also included that the resident was coded # for NJ Ex Order 26.4(b)(1), which reflected that the resident was NJ Ex Order 26.4(b)(1). A review of the personalized care plan (CP) revealed that Resident #2, had an NJ Ex Order 26.4(b related NJ Ex O with an initiated date of NJ Ex Order. The CP	F0842		

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 10/30/2025

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
F0842 SS = D	Continued from page 13 interventions included but were not limited to; I am NJ Ex Order 26.4(b)(1) (initiated NJ Ex Order 26.4(b) I use a NJ Ex Order 26.4(b)(1) (initiated NJ Ex Order 26.4(b) and personal NJ Exec Order 2 routine provide me with individualized NJ Exec Order 2 routine care as per preference and as per need of assistance I prefer to NJ Ex Order 26.4(b)(1)" such as NJ Ex Order 26.4(b) [redacted] etc to manage my NJ Ex Order 26 [redacted] (initiated NJ Ex Order 26.4(b)). Resident #2's CP was not revised to reflect the resident's NJ Ex Order 26.4(b)(1) and the preference for "extra protection" was updated after surveyor inquiry. A review of Resident #2's facility provided Documentation Survey Report of CNA (CNA interventions and tasks accountability) for NJ Ex Order 26.4(b)(1), revealed for NJ Ex Order 26.4(b)(1) that the resident was coded as NJ Ex Order 26.4(b)(1) on most of the days of the month. The day shift for NJ Ex Order 26 and NJ Ex Order 26.4 were left blank and the night shift on NJ Ex Order 26.4 was left blank. On 10/30/25 at 11:43 AM, S #2 interviewed the U.S. FOIA regarding NJ Ex Order 26.4(b)(1) care. The U.S. FOIA stated that they "NJ Exec Order 26.4b1." The U.S. FOIA stated that some residents request it and proceeded to name two unsampled residents that resided on a different floor than Resident #2. The U.S. FOIA did not name Resident #2 as a resident that requested NJ Ex Order 26.4(b)(1) [redacted]. The U.S. FOIA stated that any new resident that requested NJ Ex Order 26.4(b)(1) that the staff were notified and the request was placed in the CP. The U.S. FOIA then stated that for NJ Ex Order 26.4(b)(1) residents, NJ Exec Order 26.4b1 were not used. S #2 asked the U.S. FOIA the reason that NJ Ex Order 26.4(b)(1) should not be used. The U.S. FOIA stated that it would increase the risk for NJ Ex Order 26.4(b)(1) and cause NJ Ex Order 26.4(b)(1) [redacted] S #2 then notified the U.S. FOIA of the concern that Resident #2 was observed to have NJ Ex Order 2 [redacted] On 10/30/25 at 12:14 PM, S #2 notified the U.S. FOIA (and U.S. FOIA the concern that Resident #2 had NJ Ex Order 26.4(b)(1) [redacted]. The U.S. FOIA stated that the staff had added to the resident's CP the preference of NJ Ex Order 26.4(b)(1) today. On 10/30/25 at 1:30 PM, S #2 notified the U.S. FOIA (and U.S. FOIA the concern that Resident #2's documentation record was left blank for three shifts during NJ Ex Order 26.4(b)(1) and that the CP was not accurate. The U.S. FOIA stated that Resident #2 was just interviewed and the resident	F0842		

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 10/30/2025

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
F0842 SS = D	Continued from page 14 requested the NJ Ex Order 26.4(b)(1) because they did not want the NJ Ex Order 26.4(b)(1). S #2 then asked the U.S. FOIA about Resident #2's CP that indicated the resident was NJ Ex Order 26.4(and used NJ Ex Order 26.4(b)(1). The U.S. FOIA stated that Resident #2 was NJ Ex Order 26.4(in the past and that the CP needed to be updated. The U.S. FOIA also confirmed that the preference for NJ Ex Order 26.4(b)(1) was updated today. The U.S. FOIA (and U.S. FOIA did not provide any additional information. NJAC 8:39-35.2 (d)(6)	F0842		

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 10/30/2025

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
S0000	Initial Comments The facility is 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		11/14/2025
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 # NJ185733 (397779) 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 4 of 21 days of the day shift as mandated by the State of New Jersey. The facility was deficient in CNA (Certified Nursing Aide) staffing for the following weeks as follows: 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 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:	S0560	S560 1) No residents were found to be affected by this. On 10/30/2025, the Director of Nursing (DON) and 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. 2) All Residents have the potential to be affected by this deficient practice. 3) On 10/30/25, the administrator in-serviced the staffing coordinator on the State of New Jersey required minimum direct care staff-to-resident ratios. Online recruitment ads were monitored for Full-Time, Part-Time, and Per-Diem shifts Referral were bonus offered to existing staff. Marketing in Local colleges and Certified Nursing Assistants (CNA) programs to increase local community recruitment, were initiated. Nursing leadership utilized in CNA capacity as needed to offset needs. Sign on bonuses offered.	11/14/2025

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 10/30/2025

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
S0560	Continued from page 1 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 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 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. As per the "Nurse Staffing Report" completed by the facility: 1.For the week of Complaint staffing from 04/20/2025 to 04/26/2025, the facility was deficient in CNA staffing for residents on 2 of 7 day shifts as follows: -04/20/25 had 23 CNAs for 200 residents on the day shift, required at least 25 CNAs. -04/26/25 had 22 CNAs for 199 residents on the day shift, required at least 25 CNAs. 2.For the 2 weeks of Complaint staffing from 10/12/2025 to 10/25/2025, the facility was deficient in CNA staffing for residents on 2 of 14 day shifts as follows: -10/12/25 had 24 CNAs for 198 residents on the day shift, required at least 25 CNAs. -10/18/25 had 24 CNAs for 198 residents on the day shift, required at least 25 CNAs. On 10/30/25 at 12:15 PM, the DON informed the surveyors that the facility followed the New Jersey (NJ) mandated law for minimum staffing requirements for CNA to Residents ratio: 1:8 for 7-3 shift, 1:10 for 3-11 shift, and 1:14 for 11-7 shift. She furthers stated that there were times that they were noncompliant with the requirements for staffing due to call outs.	S0560	Continued from page 1 Bonuses were offered to staff for extra shifts worked. The DON/Designee will meet with the staffing coordinator daily to review census vs. staffing needs and call outs x 30 days. 4) The DON or designee will audit staffing ratios compliance weekly x 3 months and the results of the audits at the Quality Assurance Performance Improvement (QAPI) committee x3 to ensure compliance and if further actions are necessary.	

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 10/30/2025

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
S0560	Continued from page 2 On 10/30/25 at 12:43 PM, the Staffing Coordinator informed the surveyors that she was aware of the NJ mandated staffing requirements. She also confirmed that “today” 2 West was short of one CNA because “usually” she staffed the unit with five CNAs, and that one staff was late today.	S0560		

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 12/12/2025

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 An offsite/desk review of the facility's Plan of Correction was conducted on 12/12/2025 in relation to the 10/30/2025 Recertification 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.

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: 031601	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/12/2025

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
S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/12/2025 in relation to the 10/30/2025 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 of 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