STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	55A004	A. BUILDING: _____ B. WING _____	C 10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA TINTON FALLS	44 PINE STREET TINTON FALLS, NJ 07753

(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) COMPLETE DATE
A 000	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: 176444 and 176445 DATE OF SURVEY: 10/21/25 CENSUS: 87 SAMPLE SIZE: 3 The facility was found not to be in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. 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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
A 763	8:36-7.4(b) Health Care Services (b) A registered professional nurse shall be responsible for developing nursing practice policies and procedures and the coordination of all health care services required in the resident's health service plan.	A 763		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 12/03/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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ATRIA TINTON FALLS	44 PINE STREET TINTON FALLS, NJ 07753

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A 763	Continued From page 1	A 763		

This REQUIREMENT is not met as evidenced by:
Complaint#: 176445

Based on interview and record review, it was determined that a Registered Nurse failed to coordinate health care services as required by the health service plan and follow-up with the medical provider for a resident who was enrolled in the medication program (Resident #3). This deficient practice was identified in 1 of 3 residents reviewed, and was evidenced by the following:

On 10/21/25, the surveyor reviewed Resident #3's closed medical record (MR), with a readmission date of NJ ex order 26.4, which reflected NJ ex order 26.4b1

A review of the most recent NJ ex order 26.4b1 dated NJ ex order 26.4b1, reflected that the resident was seen for NJ ex order 26.4b1. The NJ Ex Order 26.4(b)(1) nurse practitioner ordered the NJ ex order 26.4b1

A review of the physician's report upon initial admission dated NJ ex order 26.4b1, included that Resident #3 NJ ex order 26.4b1

A review of the Change of Condition Resident Functional Needs Assessment dated NJ ex order 26., reflected that the resident was on a Medication Program (MP; facility staff would administer medications, monitor for side effects, track administration/refusals, coordinate with physician and pharmacy for refills and updates and the resident would not self-medicate).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 763	Continued From page 2 A review of the previous facility's physician's order, dated [redacted], reflected an order for [redacted] to be given once a day at bedtime for [redacted] for two (2) weeks. The order was initiated upon re-entry into the facility on [redacted] and the electronic Medication Administration Record (MAR) did not reflect a stop date for the order. A review of the MAR dated [redacted], [redacted] had a documentation of [redacted] which indicated [redacted], see notes." A review of the corresponding Progress Note had no documentation why the medication was not administered. A review of the Nurse's Progress Notes (NPN) for Resident #3 reflected that on [redacted], the Nurse Practitioner (NP) saw the resident, [redacted] A review of the NPN dated 8/11/24 at 11:14 AM, included that Resident #3 [redacted] The facility nurse called facility management and the physician, but the physician had not responded. A review of the NPN, dated [redacted] at 1:58 PM, the Executive Director (ED) and the Resident Service Director/Registered Nurse (RSD/RN) spoke with the resident regarding last night's complaint of [redacted] that [redacted] and the resident's [redacted] At that time, the ED and the RSD/RN discovered bottles of over the counter (OTC) medications which were not prescribed by the	A 763		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 763	Continued From page 3	A 763		

medical provider. The OTC medication bottles were removed from the resident's room and the MR indicated that "taking additional medications" while enrolled in the MP and the concern was previously addressed with the resident and the family.

On 10/22/25 at 3:16 PM, during a meeting with the ED and the RSD/RN, the surveyor discussed the concern that the nurse failed to coordinate and follow-up on the resident's Zolpidem refill, Resident #3's complaint of the NJ ex order 26.4b1 [redacted] and a follow-up with the physician regarding the most recent incidence of NJ ex order 26 [redacted] in the resident's room.

At that time, the ED and the RSD/RN, both confirmed and acknowledged that there were no PNs by the medical provider and NP regarding the above concerns. The RSD/RN stated that she was not sure if the nurses asked for a refill, discussed that NJ ex order 26.4b1 [redacted], if the medical provider had a rationale for NJ ex order 26.4b1 the NJ ex order 26.4b1 or was made aware of the NJ ex order [redacted] since it was not reflected in the MR.

No additional information was provided.

POC # 2 Received 12/16/25
Acceptable

Atria TINTON FALLS

Atria Tinton Falls (the "Community") submits the following Plan of Correction to address the Statement of Deficiencies issued by the Department as a result of the survey conducted on 10/21/25. Specifically, the following Plan of Correction contains the Community's response to the cited violation of 8:36-7.4(b), which provides that a registered professional nurse shall be responsible for developing nursing practice policies and procedures and the coordination of all health care services required in the resident's health service plan.

- **Tag A 763 – 8:36-7.4(b) Health Care Services**

1. Corrective Action for Affected Residents

- Resident #3 [redacted] Resident #3 was sent out on [redacted]
  Therefore, no action was taken by the Community to correct the issue for the affected resident.

2. Identification of Other Residents at Risk

- All residents enrolled in the medication program, as identified in the Medication Administration Record (MAR), have the potential to be affected by this deficiency.
- On or before 1/6/26, the Resident Services Director (RSD) or designee will complete a full medication cart and resident room audit to ensure all residents on the medication program have the medications in stock that have been ordered by their medical provider. The audit will identify any unprescribed medications, including over-the-counter (OTC) items that are found in the cart as well as the resident apartment. Findings and follow-up actions will be documented and communicated to residents, providers, and families.
- Any issues found will be addressed immediately.
- **Completion date by January 6th.**

3. Systemic Changes to Prevent Recurrence

Regional Care Director will provide training for the RSD and Executive Director (ED) on the following by 12.22.25:

  - The medication cart audit process
  - Order verification process.
  - Proper documentation of medication effectiveness and follow-up with providers and families
  - Proper documentation of all communication with Physicians, to include when medications (which are not prescribed) are found in a resident's room and the resident is on the medication program.

- RSD/Designee will provide the above training for all medication staff as per Regional Care Director's training on or before 1/6/26.

- **Completion date January 6th**

4. Monitoring and Ongoing Compliance

- Starting on 12/22/25 and continuing for the next 90 days, RSD or designee will conduct weekly audits of the medication cart and will check resident rooms for residents on the medication program to ensure no medications are being stored in the resident's room. Medication cart audits will confirm that all medications ordered by the resident's provider are available. Any issues found will be documented on audit log and addressed immediately (to include documented communication to the resident's medical provider if necessary).
- ED and RSD will meet weekly to review cart audits and room checks starting on 12.22.25 for 90 days to evaluate audit findings.

5. Responsible Persons:

- The RSD and ED will be responsible for monitoring ongoing compliance with regulation 8:36-7.4(b)

- **Administrator's Signatu** NJ ex order 26.4b1
- **Date:** _ NJ ex order 26.4b1

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
55A004 Y1	A. Building B. Wing Y2	12/17/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA TINTON FALLS	44 PINE STREET TINTON FALLS, NJ 07753

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0763 Reg. # 8:36-7.4(b) LSC	Correction Completed 01/06/2026	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 10/21/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

 EVENT ID: 9ICL12