

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061629</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/02/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ATRIUM POST ACUTE CARE OF WAYNEVIEW</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>2020 ROUTE 23 NORTH WAYNE, NJ 07470</b>		
(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
S 000	Initial Comments  Monitoring Visit	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care  The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.    This REQUIREMENT is not met as evidenced by: Monitoring Visit  Based on observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the State of New Jersey.  Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21. 1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff	S 560	    The facility is unable to retroactively address the concern raised. The Director of Nursing and Administrator have reviewed the current recruitment procedures. Agency staff are being utilized as necessary, and new hire incentives are in place. Efforts to recruit new graduates continue, with outreach to nursing and Certified Nurse Aide schools. Nursing management is providing patient care as needed and rotating on the on-call schedule. The Director of Nursing will monitor staffing levels daily, coordinating with the staffing coordinator to review schedules. The DON will ensure adequate staffing to meet facility requirements. Furthermore, the Director of Nursing will assess recruitment and retention efforts and report findings monthly during Quality Assurance Performance Improvement meetings	4/8/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

04/08/25

STATE FORM

6899

07JI11

If continuation sheet 1 of 3

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>-to-resident ratios:</p> <p>(1) one certified nurse aide to every eight residents for the day shift.</p> <p>(2) 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 certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties, and</p> <p>(3) 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 certified nurse aide and perform certified nurse aide duties</p> <p>b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census.</p> <p>c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place.</p> <p>(2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.</p> <p>3) All computations shall be based on the midnight census for the day in which the shift begins.</p> <p>d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase</p>	S 560		

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NAME OF PROVIDER OR SUPPLIER  <b>ATRIUM POST ACUTE CARE OF WAYNEVIEW</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>2020 ROUTE 23 NORTH WAYNE, NJ 07470</b>		
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S 560	<p>Continued From page 2</p> <p>staffing levels, at any time, beyond the established minimum ...</p> <p>A review of New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report for the two weeks of staffing from 3/16/25 through 3/29/25 prior to the Monitoring survey of 4/2/25 revealed the facility was deficient in staffing hours as evidenced by the following:</p> <p>For the 2 weeks of staffing prior to survey, from 3/16/25 to 3/29/25, the facility was deficient in CNA staffing for residents on 2 of 14 day shifts as follows:</p> <p>-03/25/25 had 16 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>-03/26/25 had 16 CNAs for 140 residents on the day shift, required at least 17 CNAs.</p> <p>The surveyor observed the daily staffing report for nursing on the day of the survey.</p> <p>On April 2, 2025, at 5:00 PM, the surveyor informed the Vice President of Operations and the Regional Nurse that staffing would be reviewed by the office.</p>	S 560		

# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061629	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT Y2 4/16/2025 Y3
NAME OF FACILITY ATRIUM POST ACUTE CARE OF WAYNEVIEW		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 ROUTE 23 NORTH WAYNE, NJ 07470

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
ID Prefix S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 04/08/2025	ID Prefix Reg. # LSC	Correction Completed LSC
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REVIEWED BY STATE AGENCY	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 4/2/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?			<input type="checkbox"/> YES <input type="checkbox"/> NO