

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315438	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/01/2024
NAME OF PROVIDER OR SUPPLIER ATRIUM POST ACUTE CARE OF PARK RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 120 NOYES DRIVE PARK RIDGE, NJ 07656		
(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	
F 000	<p>INITIAL COMMENTS</p> <p>Complaint #: NJ00168759, NJ00168813</p> <p>Census: 168</p> <p>Sample Size: 4</p> <p>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.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

10/11/2024

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 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.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 62219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/01/2024
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S 000	Initial Comments The facility was 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.	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: Based on facility document review on 10/01/2024, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey for 14 of 14 day shifts. This deficient practice was evidenced by the following: 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	S 560	HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR ANY RESIDENT AFFECTED BY DEFICIENT PRACTICE. All efforts to hire facility Certified Nursing Aide(s) C.N.A will continue until there is adequate staff to serve all residents. Facility will utilize staffing and hiring agencies to fill open CNA positions in the schedule. Contracts with additional staffing agencies were secured to supplement facility staff. Hiring and recruitment efforts including wage analysis and adjustments, pay for	10/31/24

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S 560	<p>Continued From page 1</p> <p>established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>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 certified nurse aide and shall perform nurse aide duties; and</p> <p>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.</p> <p>The surveyor requested staffing for the weeks of 09/15/24 to 09/21/24 and 09/22/24 to 09/28/24.</p> <p>The facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-09/15/24 had 17 CNAs for 160 residents on the day shift, required at least 20 CNAs. -09/16/24 had 15 CNAs for 158 residents on the day shift, required at least 20 CNAs. -09/17/24 had 15 CNAs for 157 residents on the day shift, required at least 20 CNAs. -09/18/24 had 16 CNAs for 157 residents on the day shift, required at least 20 CNAs. -09/19/24 had 17 CNAs for 157 residents on the day shift, required at least 20 CNAs. -09/20/24 had 17 CNAs for 156 residents on the day shift, required at least 19 CNAs. -09/21/24 had 15 CNAs for 156 residents on the day shift, required at least 19 CNAs.</p>	S 560	<p>experience, online job listings, job fairs, referral bonuses are being utilized to become more competitive in the marketplace and surrounding area. CNA trainees will be screened and hired and sent to facility sponsored CNA class. In addition, daily and weekly meetings with the staffing coordinator will be made.</p> <p>No resident was affected with this deficient practice.</p> <p>HOW WE IDENTIFIED OTHER RESIDENTS/AREAS THAT COULD POTENTIALLY BE AFFECTED.</p> <p>All residents have the potential to be affected by this deficient practice. Therefore, this applies to all residents (current and future).</p> <p>MEASURES TO ENSURE WERE/WILL BE PUT INTO PLACE TO ASSIST THIS AREA OF CONCERN.</p> <p>Contracts with additional staffing and hiring agencies were secured to supplement facility staff. Hiring and recruitment efforts including wage analysis and adjustments, pay for experience, online job listings, job fairs, referral bonuses are being utilized to become more competitive in the marketplace and surrounding area. In addition, daily and weekly meetings with the staffing coordinator.</p> <p>CNA trainees will be screened, hired and sent to facility sponsored and State approved CNA class.</p>	

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S 560	<p>Continued From page 2</p> <p>-09/22/24 had 12 CNAs for 156 residents on the day shift, required at least 19 CNAs.</p> <p>-09/23/24 had 18 CNAs for 156 residents on the day shift, required at least 19 CNAs.</p> <p>-09/24/24 had 16 CNAs for 159 residents on the day shift, required at least 20 CNAs.</p> <p>-09/25/24 had 17 CNAs for 159 residents on the day shift, required at least 20 CNAs.</p> <p>-09/26/24 had 18 CNAs for 159 residents on the day shift, required at least 20 CNAs.</p> <p>-09/27/24 had 17 CNAs for 162 residents on the day shift, required at least 20 CNAs.</p> <p>-09/28/24 had 16 CNAs for 162 residents on the day shift, required at least 20 CNAs.</p>	S 560	<p>The Director of Nursing/Designee will review staffing schedules weekly for 4 weeks and monthly for 3 months to ensure adequate staffing for all shifts.</p> <p>Corporate staffing Director will monitor staffing needs daily to ensure facility is compliance with staffing requirements.</p> <p>HOW THE CONCERN WILL BE MONITORED AND TITLE OF PERSON RESPONSIBLE FOR MONITORING.</p> <p>The results of these reviews will be submitted to the (Quarterly Assurance Performance Improvement (QAPI) committee for review. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting/review.</p> <p>DATES WHEN CONCERN WILL BE COMPLETED.</p> <p>10/31/2024</p>	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 62219	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 10/29/2024	Y3
NAME OF FACILITY ATRIUM POST ACUTE CARE OF PARK RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 120 NOYES DRIVE PARK RIDGE, NJ 07656		

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 S0560	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	10/31/2024	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

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 10/1/2024

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO