

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

PRINTED: 06/06/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315335	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/05/2024
NAME OF PROVIDER OR SUPPLIER ATRIUM POST ACUTE CARE OF WAYNE			STREET ADDRESS, CITY, STATE, ZIP CODE 1120 ALPS ROAD WAYNE, NJ 07470		
(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	INITIAL COMMENTS Complaint# NJ 00172016 Census: 133 Sample Size: 4 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.	F 000			
F 711 SS=E	Physician Visits - Review Care/Notes/Order CFR(s): 483.30(b)(1)-(3) §483.30(b) Physician Visits The physician must- §483.30(b)(1) Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; §483.30(b)(2) Write, sign, and date progress notes at each visit; and §483.30(b)(3) Sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications. This REQUIREMENT is not met as evidenced by: NJ00172016 Based on observation, interview, and record review, it was determined that the facility failed to assure that the Physician responsible for	F 711	WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOS RESIDENTS AFFECTED BY THE DEFICIENT PRACTICE		5/10/24

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

TITLE

(X6) DATE

Electronically Signed

04/29/2024

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.

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F 711	<p>Continued From page 1</p> <p>supervising the care of residents signed and dated monthly physician's orders. This deficient practice was observed for 4 of 4 residents (Resident #1, 2, 3, and 4) reviewed and was evidenced by the following:</p> <p>1. According to the "ADMISSION RECORD" (AR), Resident #1 has diagnoses of including but not limited to NJ Exec Order 26.4b1</p> <p>A review of the Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4b1, showed that Resident #1 had a Brief Interview for Mental Status (BIMS) score of NJ Exec Order 26.4b1, indicating that Resident #1 had NJ Exec Order 26.4b1 and was independent with Activity of Daily Living (ADLs).</p> <p>A review of Resident #1's Order Summary Report (OSR), dated NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1, revealed that the physician did not sign and date the monthly orders.</p> <p>2. According to the AR, Resident #2 has diagnoses of including but not limited to NJ Exec Order 26.4b1</p> <p>A review of Resident #2's MDS, dated NJ Exec Order 26.4b1, showed that Resident #2 had a Brief Interview for Mental Status (BIMS) score of NJ Exec Order 26.4b1, indicating that Resident #2 had NJ Exec Order 26.4b1 and required minimal assistance with Activity of Daily Living (ADLs).</p> <p>A review of Resident #2's OSR, dated NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1, revealed that the</p>	F 711	<p>Resident #1 <input type="checkbox"/> Order Summary Report dated NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1 were signed and dated by provider.</p> <p>Resident #2 <input type="checkbox"/> Order Summary Report dated NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1 were signed and dated by provider.</p> <p>Resident #3 <input type="checkbox"/> Order Summary Report dated NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1 were signed and dated by provider.</p> <p>Resident #4 <input type="checkbox"/> Order Summary Report dated NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1 were signed and dated by provider.</p> <p>HOW WILL FACILITY IDENTIFY OTHER RESIDENTS HAVING THE PTOENTION TO BE AFFECTED BY THIS SAME DEFICIENT PRACTICE</p> <p>All residents have the potential to be affected by physicians not signing and dating Order Summary Report. An audit was conducted by the DON on all the active residents to ensure their current Order Summary Report has been signed and dated by the Provider. As of 4/19/2024, the Order Summary Reports for all active residents dated 4/2024 are signed and dated by the Providers.</p> <p>WHAT MEASURES WILL BE PUT IN PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT OCCUR</p> <p>All providers were in-serviced on 4/18/2024 regarding 483.30(b) Physician Visits and how to sign the Orders Summary Report in Point Click Care.</p>		

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F 711	<p>Continued From page 2</p> <p>physician did not sign and date the monthly orders.</p> <p>3. According to the AR, Resident #3 has diagnoses of including but not limited to NJ Exec Order 26.4b1</p> <p>A review of Resident #3's MDS, dated NJ Exec Order 26.4b1, showed that Resident #3 had a Brief Interview for Mental Status (BIMS) score of NJ Exec indicating that Resident #3 NJ Exec Order 26.4b1 and required assistance with Activity of Daily Living (ADLs).</p> <p>A review of Resident #3's OSR, dated NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1, revealed that the physician did not sign and date the monthly orders.</p> <p>4. According to the AR, Resident #4 has diagnoses of including but not limited to NJ Exec Order 26.4b1</p> <p>A review of the Minimum Data Set (MDS), dated NJ Exec Order 26.4b1, showed that Resident #4 had a BIMS score of NJ Exec indicating that Resident #4's NJ Exec Order 26.4b1 and required minimal assistance with Activity of Daily Living (ADLs).</p> <p>A review of Resident #4's OSR, dated NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1, revealed that the physician did not sign and date the monthly orders.</p> <p>During the interview on 04/05/24 at 3:52 p.m., the DON stated that all medication orders were signed electronically. She further stated that the</p>	F 711	<p>The facility will identify Order Summary Reports needing date and signature by Provider by reviewing Point Click Care during Clinical Meeting.</p> <p>The facility will notify the provider of the pending Order Summary Reports that require a date and signature weekly x 3 months then monthly x 3.</p> <p>HOW WILL THE FACILY MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR</p> <p>The DON/Designee will audit 15 resident charts weekly x 3 months, then monthly x 3 to ensure the Order Summary Reports are signed and dated by the Providers. The findings will be submitted to the administrator at monthly QAPI committee x 6 to monitor compliance.</p>		

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F 711	<p>Continued From page 3</p> <p>physician was to sign orders every thirty days or monthly. The DON agreed that the orders for Residents #1, #2, #3 and #4 were not signed and dated by the physician.</p> <p>During the interview on 04/05/24 at 4:58 p.m., the Regional Clinical Nursing Services (RCNS) Registered Nurse (RN) stated physicians came and saw their Residents but they did not write their notes on that day. She further stated physician orders were signed but was unable to provide the documentation. The RCNS RN acknowledged that physician orders have to be signed monthly.</p> <p>A review of the facility's policy titled, "Medication Orders", revised 2014, Under "Supervision by a Physician" Number 4. read "Physician Orders/Progress Notes must be signed and dated every thirty (30) days ..."</p> <p>A review of the facility's policy titled, "Physician Visits and Physician Delegation", reviewed and revised 07/2023, under "Policy Explanation and Compliance Guidelines: 1. The Physician should: e. Sign and date all orders ..."</p> <p>NJAC-8:39 23.2</p>	F 711			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/05/2024
NAME OF PROVIDER OR SUPPLIER ATRIUM POST ACUTE CARE OF WAYNE		STREET ADDRESS, CITY, STATE, ZIP CODE 1120 ALPS ROAD WAYNE, NJ 07470		
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S 000	Initial Comments Complaint #: NJ 00172016 Census: 133 Sample Size: 4 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 (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint# NJ 00172016 Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 14 of 14 day shifts. The deficient practice was evidenced by the following: Reference: New Jersey Department of Health	S 560	WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOS RESIDENTS AFFECTED BY THE DEFICIENT PRACTICE Nursing management, administrative staff and contracted agencies were also in the facility to ensure resident needs were being met. The staffing coordinator was immediately reeducated by the Licensed Nursing Home Administrator (LHNA) on	5/10/24

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

TITLE

(X6) DATE

Electronically Signed

04/29/24

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>(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:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every ten residents for the evening shift, provided that 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 fourteen 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 03/17/2024 to 03/23/2024 and 03/24/2024 to 03/30/2024. The facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-03/17/24 had 11 CNAs for 131 residents on the day shift, required at least 16 CNAs. -03/18/24 had 12 CNAs for 131 residents on the day shift, required at least 16 CNAs. -03/19/24 had 12 CNAs for 131 residents on the day shift, required at least 16 CNAs. -03/20/24 had 10 CNAs for 131 residents on the day shift, required at least 16 CNAs. -03/21/24 had 11 CNAs for 132 residents on the day shift, required at least 16 CNAs. -03/22/24 had 10 CNAs for 132 residents on the day shift, required at least 16 CNAs.</p>	S 560	<p>the State of New Jersey required minimum direct care staff-to-resident ratios.</p> <p>HOW WILL FACILITY IDENTIFY OTHER RESIDENTS HAVING THE PTOENTION TO BE AFFECTED BY THIS SAME DEFICIENT PRACTICE</p> <p>All Residents have the potential to be affected by this deficient practice. All residents who were in the facility for the weeks of 3/17/24 - 3/23/24 and 3/24/24 <input type="checkbox"/> 3/30/24 were reviewed by their provider and none were determined to have had a negative outcome due to facility staffing below the required minimum direct care staff-to-resident ratios as mandated by the State of New Jersey on the listed dates and shifts.</p> <p>WHAT MEASURES WILL BE PUT IN PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT OCCUR</p> <p>Job Fair scheduled during Nurses Week at facility with immediate interview. Ongoing recruitment FT, PT and PD basis Referral bonus offered to existing staff. Marketing in Local colleges and CNA programs Use of Agency staff to meet staffing requirements. Nursing leadership utilized in CNA capacity as needed to offset needs. Sign on bonus offered</p>	

New Jersey Department of Health

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S 560	Continued From page 2 -03/23/24 had 12 CNAs for 132 residents on the day shift, required at least 16 CNAs. -03/24/24 had 10 CNAs for 132 residents on the day shift, required at least 16 CNAs. -03/25/24 had 11 CNAs for 134 residents on the day shift, required at least 17 CNAs. -03/26/24 had 10 CNAs for 134 residents on the day shift, required at least 17 CNAs. -03/27/24 had 11 CNAs for 134 residents on the day shift, required at least 17 CNAs. -03/28/24 had 12 CNAs for 134 residents on the day shift, required at least 17 CNAs. -03/29/24 had 12 CNAs for 134 residents on the day shift, required at least 17 CNAs. -03/30/24 had 11 CNAs for 133 residents on the day shift, required at least 17 CNAs.	S 560	HOW WILL THE FACILY MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR The DON/Designee meets with the staffing coordinator daily to review census vs staffing needs. The DON/Designee reviews any call-outs on daily basis. The DON/Designee will monitor call outs The DON/Designee audits staffing needs weekly x 3 months and the results of the audits will be monitored by the administrator at monthly QAPI committee x 3 to ensure compliance.	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315335	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/16/2024
NAME OF FACILITY ATRIUM POST ACUTE CARE OF WAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 1120 ALPS ROAD WAYNE, NJ 07470	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0711	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.30(b)(1)-(3)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	05/10/2024	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 4/5/2024		<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			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061601	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/16/2024
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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	05/10/2024	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 4/5/2024		<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			