STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315021	A. Building B. Wing	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atlas Healthcare at Daughters of Miriam	155 Hazel Street Clifton, NJ 07011

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 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 incontinence 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 [NAME] 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 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 Director of Nursing (DON) for list of incontinent 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 Licensed Practical Nurse Supervisor (LPNS) from 11:00 PM – 7:00 AM (11-7) shift, who informed S #1 that she usually work at 2 [NAME] unit and that today the census in 2 [NAME] was 35, with one nurse, and two Certified Nursing Aides (CNAs). On that same date at 9:10 AM, S #1 observed 2 [NAME] 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. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315021	A. Building B. Wing	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atlas Healthcare at Daughters of Miriam	155 Hazel Street Clifton, NJ 07011

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On that same date and time, S #1 observed the Registered Nurse (RN) 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 RN confirmed to S #1 that Resident #5 was a resident in the unit and that staff should be the one to serve residents with their meal. At that same time, S #1 observed CNA #1 was called by the LPNS 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 RN 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 DON in the presence of Surveyor #2 (S #2) with regard to meal deliveries and facility practice. The DON 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 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 DON 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 DON 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 DON revealed that for 2 [NAME] 1 breakfast delivery to the floor scheduled at 8:15 AM and for 2 [NAME] 2 at 8:25 AM. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315021	A. Building B. Wing	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atlas Healthcare at Daughters of Miriam	155 Hazel Street Clifton, NJ 07011

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. On 10/30/25 at 9:40 AM, both S #1 and the RN observed Resident #1 in the dining room seated in a wheelchair with other eight residents. The RN informed S #1 that Resident #1 was cognitively impaired, required extensive assistance with adls (activities of daily living), and incontinent of both bladder and bowel elimination. 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 two (double) incontinence briefs in used. CNA #2 confirmed that she was the one who put the double incontinence briefs as per resident's request. She further stated that the nurse should be aware of the double incontinence briefs. On 10/30/25 at 10:05 AM, The RN stated that she was unaware that Resident #1 had double incontinence briefs. She further stated that it was inappropriate for staff to put double unless the resident requested for it. On 10/30/25 at 10:10 AM, S #1 asked the LPNS about double incontinence brief, and she stated that it was not a practice of the facility to use double incontinence brief. She also stated that unless the resident requested for it, it should be documented in their care plan (CP). At that same time, S #1 notified the LPNS of the above findings and concerns. LPNS 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 DON stated that there were residents in the facility that requested for double incontinence briefs, and those were residents who were cognitively intact and able to decide for their care. She also stated that it was expected that the CP included information about the resident's preference for double incontinence briefs use. She further stated that cognitively impaired residents unable to request for double due to cognitive impairment. The DON stated that it was important not to use double incontinence briefs because the risk of resident of having UTI (urinary tract infection) and skin impairments. 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) of 9/9/25, revealed a brief interview for mental status (BIMS) score of 12 out of 15, which reflected that the resident's cognition was moderately impaired. Section H Bladder and Bowel reflected that resident always incontinent of urine and frequently incontinent of bowel. On 10/30/25 at 12:15 PM, the surveyors met with the Licensed Nursing Home Administrator (LNHA) and DON, and S #1 notified them of the above findings and concerns with regard to meal delivery and incontinence care. The DON confirmed that if a resident requested for double incontinence briefs, it should be documented in the resident's CP and honor resident's preferences. The DON further stated that Residents #1 and #2's CP were being updated after surveyors' inquiry to include their preferences for double incontinence briefs. On 10/30/25 at 1:31 PM, the surveyors met with the LNHA and DON, and the DON stated that it was okay for Resident #5 to pour their own coffee. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315021	A. Building B. Wing	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atlas Healthcare at Daughters of Miriam	155 Hazel Street Clifton, NJ 07011

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/30/25 at 2:06 PM, the surveyors met with the LNHA, DON, and two Administrators in Training during an exit conference, and the LNHA confirmed that CNA #1 was called by the LPNS 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 incontinent brief. S #2 observed that Resident #2 had two incontinent briefs on, one full brief which was white and green and an additional partial brief which was white and purple. CNA #2 confirmed that the resident had two incontinent briefs on. CNA #2 stated that she was not the CNA assigned to care for Resident #2. On 10/30/25 at 9:35 AM, the LPN/S confirmed that Resident #2 had two incontinent briefs on. The LPN/S stated that it looked as if a liner was put inside the incontinent brief. S #2 asked the LPN/S if the resident should have two (double) incontinent briefs on. The LPN/S 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 change Resident #2 yet. CNA #1 stated that Resident #2 was alert and oriented and that the resident put on the call light when they needed to be changed. S #2 asked CNA #1 about the two incontinent briefs. CNA #1 stated that maybe the night shift put on the double brief. 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; hemiplegia and hemiparesis following cerebral infarction, hypertension, and urinary incontinence. A review of Resident #2's most recent quarterly MDS (qMDS), with an ARD of 10/4/25, revealed in Section C Cognitive Patterns, the resident had a BIMS score of 11 of 15, which reflected that the resident's cognitive status was moderately impaired. The qMDS also included that the resident was coded #3 for bladder continence, which reflected that the resident was always incontinent. A review of the personalized care plan (CP) revealed that Resident #2, had an ADL deficit related CVA (stroke) with an initiated date of 1/1/25. The CP interventions included but were not limited to; I am continent of urine (initiated 2/17/25); I use a urinal (initiated 2/17/25); and personal hygiene routine provide me with individualized hygienic routine care as per preference and as per need of assistance I prefer to have extra protection such as a second brief, towel, padding etc to manage my urinary incontinence (initiated 10/30/25). Resident #2's CP was not revised to reflect the resident's incontinence 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 October 2025, revealed for bladder continence that the resident was coded as incontinent on most of the days of the month. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315021	A. Building B. Wing	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atlas Healthcare at Daughters of Miriam	155 Hazel Street Clifton, NJ 07011

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/30/25 at 11:43 AM, S #2 interviewed the DON regarding incontinent care. The DON stated that they allow double diaper. The DON stated that some residents request it and proceeded to name two unsampled residents that resided on a different floor than Resident #2. The DON did not name Resident #2 as a resident that requested two (double) incontinent briefs. The DON stated that any new resident that requested two incontinent briefs that the staff were notified and the request was placed in the CP. The DON then stated that for cognitively impaired residents, two incontinent briefs were not used. S #2 asked the DON the reason that two incontinent briefs should not be used. The DON stated that it would increase the risk for skin impairment and cause a urinary tract infection. S #2 then notified the DON of the concern that Resident #2 was observed to have double incontinent briefs on. On 10/30/25 at 12:14 PM, S #2 notified the LNHA and DON the concern that Resident #2 had double incontinent briefs on. The DON stated that the staff had added to the resident's CP the preference of double briefs today. On 10/30/25 at 1:30 PM, in the presence of the LNHA, the DON stated that CNAs and nurses were in-serviced about not using double incontinent briefs unless it was the resident's preference and in the CP. The DON added that Resident #2 was just interviewed and the resident requested the double brief because they did not want the one brief to leak. S #2 then asked the DON about Resident #2's CP that indicated the resident was continent and used an urinal. The DON stated that Resident #2 was continent in the past and that the CP needed to be updated. The DON also confirmed that the preference for double brief was updated today. The LNHA and DON 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 Statement1. 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 StatementResidents 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 Implementation5. Appropriate care and services are provided for residents who are unable to carry out ADLs 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 StatementEmployees shall treat all residents with kindness, respect and dignity.Policy Interpretation and Implementation1. 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. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315021	A. Building B. Wing	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atlas Healthcare at Daughters of Miriam	155 Hazel Street Clifton, NJ 07011

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's Frequency of Meals Policy with a revised date of July 2017, included the following:Policy StatementEach 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 Implementation1. The facility will serve at least three (3) meals or 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 StatementThe interdisciplinary team is responsible for the development of resident CPs.Policy Interpretation and Implementation1. 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)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315021	A. Building B. Wing	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atlas Healthcare at Daughters of Miriam	155 Hazel Street Clifton, NJ 07011

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 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 Registered Nurse (RN) observed Resident #1 in the dining room seated in a wheelchair with other eight residents. The RN informed S #1 that Resident #1 was cognitively impaired, required extensive assistance with adls (activities of daily living), and incontinent of both bladder and bowel elimination. 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) of 9/9/25, revealed a brief interview for mental status (BIMS) score of 12 out of 15, which reflected that the resident's cognition was moderately impaired. Section H Bladder and Bowel reflected that resident always incontinent of urine and frequently incontinent of bowel. A review of the provided documentation log for adls by the CNAs (Certified Nursing Aides) for October 2025 revealed that there were multiple blanks for dates 10/7/25 and 10/11/25. On 10/30/25 at 1:31 PM, the surveyors met with the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON), and S #1 notified them of the above findings and concerns with CNAs accountability log missing documentations. The DON confirmed that the adl 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 LNHA, DON, and two Administrators in Training during an exit conference, there was no additional information provided by the LNHA. 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; hemiplegia and hemiparesis following cerebral infarction, hypertension, and urinary incontinence. A review of Resident #2's most recent qMDS, with an ARD of 10/4/25, revealed in Section C Cognitive Patterns, the resident had a BIMS score of 11 of 15, which reflected that the resident's cognitive status was moderately impaired. The qMDS also included that the resident was coded #3 for bladder continence, which reflected that the resident was always incontinent. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315021	A. Building B. Wing	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atlas Healthcare at Daughters of Miriam	155 Hazel Street Clifton, NJ 07011

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the personalized care plan (CP) revealed that Resident #2, had an adl deficit related CVA (stroke) with an initiated date of 1/1/25. The CP interventions included but were not limited to; I am continent of urine (initiated 2/17/25); I use a bedpan/urinal (initiated 2/17/25); and personal hygiene routine provide me with individualized hygienic routine care as per preference and as per need of assistance I prefer to have extra protection such as a second brief, towel, padding etc to manage my urinary incontinence (initiated 10/30/25). Resident #2's CP was not revised to reflect the resident's incontinence 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 October 2025, revealed for bladder continence that the resident was coded as incontinent on most of the days of the month. The day shift for 10/7/25 and 10/27/25 were left blank and the night shift on 10/11/25 was left blank. On 10/30/25 at 11:43 AM, S #2 interviewed the DON regarding incontinent care. The DON stated that they allow double diaper. The DON stated that some residents request it and proceeded to name two unsampled residents that resided on a different floor than Resident #2. The DON did not name Resident #2 as a resident that requested two (double) incontinent briefs. The DON stated that any new resident that requested two incontinent briefs that the staff were notified and the request was placed in the CP. The DON then stated that for cognitively impaired residents, two incontinent briefs were not used. S #2 asked the DON the reason that two incontinent briefs should not be used. The DON stated that it would increase the risk for skin impairment and cause a urinary tract infection. S #2 then notified the DON of the concern that Resident #2 was observed to have double incontinent briefs on. On 10/30/25 at 12:14 PM, S #2 notified the LNHA and DON the concern that Resident #2 had double incontinent briefs on. The DON stated that the staff had added to the resident's CP the preference of double briefs today. On 10/30/25 at 1:30 PM, S #2 notified the LNHA and DON the concern that Resident #2's documentation record was left blank for three shifts during October 2025, and that the CP was not accurate. The DON stated that Resident #2 was just interviewed and the resident requested the double brief because they did not want the one brief to leak. S #2 then asked the DON about Resident #2's CP that indicated the resident was continent and used a bedpan/urinal. The DON stated that Resident #2 was continent in the past and that the CP needed to be updated. The DON also confirmed that the preference for double brief was updated today. The LNHA and DON did not provide any additional information. NJAC 8:39-35.2 (d)(6)