

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315246	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/16/2025
NAME OF PROVIDER OR SUPPLIER  Atlas Rehabilitation & Healthcare at West Deptfor		STREET ADDRESS, CITY, STATE, ZIP CODE 550 Jessup Road West Deptford, NJ 08066	
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)		
<p>F 0585</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Complaint #: NJ186633</p> <p>Based on interviews, Medical Record (MR) review, and review of other pertinent facility documentation on 5/28/25 and 5/30/25, it was determined that the facility failed to provide a resident (Resident #2), who voiced a grievance, a written summary of the investigation in accordance with the facility's Grievance Policy. The deficient practice was identified for 1 of 3 residents, Resident #2, and evidenced by the following:</p> <p>According to the Admitting Face Sheet, Resident #2 had diagnoses which included but were not limited to: Iron Deficiency Anemia, Unspecified, Encounter for Orthopedic Aftercare Following Surgical Amputation, Acquired Absence of Right Leg Below Knee, and Morbid (Severe) Obesity Due to Excess Calories.</p> <p>According to the resident's Minimum Data Set (MDS), an assessment tool dated 3/7/25, Resident #2 had a Brief Interview Mental Status score of 15/15, which indicated that Resident # was cognitively intact. The MDS also indicated that the Resident required assistance with activities of daily living (ADLs).</p> <p>A review of a facility document titled Grievance/Concern Form dated 12/30/24, with date of occurrence on 12/27/24, revealed that Resident #2 reported to the facility that he/she knows customer service and is tired of these rude young kids taking care of him/her.</p> <p>During interview with surveyor on 5/30/25 at 1:55 p.m., Resident #2 stated, I have never received anything in writing with the outcome of the grievance. Not once have I received anything in writing.</p> <p>During interview with surveyor on 5/30/25 at 2:58 p.m., the Administrator stated, We do not have a response in writing regarding the 12/30/24 grievance for Resident #2. Yes, there should have been a response in writing per policy.</p> <p>During Exit Conference on 5/30/25 at 3:44 p.m., the Director of Nursing (DON) stated, There was nothing that showed that a copy of the resolution was given to the resident (Resident #2) in writing. Yes, according to the policy, there should have been something in writing what the resolution was.</p> <p>Review of facility's policy titled, Grievances/Complaints, Filing with a Revision Date of 4/2024, Policy Interpretation and Implementation, included but were not limited to the following:</p> <p>(continued on next page)</p>		

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
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<p>F 0585</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>12. The resident, will be informed (verbally and in writing) of the findings of the investigation and the actions that will be taken to correct any identified problems.</p> <p>b. A written summary of the investigation will be provided to the resident</p> <p>NJAC 8:39-13.2(c)</p>		