

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 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	

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 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48617</p> <p>NJ00172016</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to assure that the Physician responsible for 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 Toxic Encephalopathy, Megaloblastic Anemia, Urinary Tract Infection, and Malignant Neoplasm of Breast and Ovary.</p> <p>A review of the Minimum Data Set (MDS), an assessment tool dated 01/05/24, showed that Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, indicating that Resident #1 had intact cognition and was independent with Activity of Daily Living (ADLs).</p> <p>A review of Resident #1's Order Summary Report (OSR), dated 03/2024, 02/2024, and 01/2024, 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 Low Back Pain, Depression, Anxiety Disorder, Osteoarthritis, and Narcolepsy.</p> <p>A review of Resident #2's MDS, dated [DATE], showed that Resident #2 had a Brief Interview for Mental Status (BIMS) score of 15, indicating that Resident #2 had intact cognition and required minimal assistance with Activity of Daily Living (ADLs).</p> <p>A review of Resident #2's OSR, dated 02/2024, 01/2024, and 12/2023, revealed that the 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 Schizoaffective Disorder, Hypertension, Type 2 Diabetes Mellitus, and Hyperlipidemia.</p> <p>A review of Resident #3's MDS, dated [DATE], showed that Resident #3 had a Brief Interview for Mental Status (BIMS) score of 09, indicating that Resident #3 cognition was moderately impaired and required assistance with Activity of Daily Living (ADLs).</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 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident #3's OSR, dated 03/2024, 02/2024, and 01/2024, 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 Anxiety Disorder, Hyperglycemia, Hypertension, and Peripheral Vascular Diseases.</p> <p>A review of the Minimum Data Set (MDS), dated [DATE], showed that Resident #4 had a BIMS score of 13, indicating that Resident #4's cognition was intact and required minimal assistance with Activity of Daily Living (ADLs).</p> <p>A review of Resident #4's OSR, dated 03/2024, 12/2023, 11/2023, and 10/2023, 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 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>