STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315340	A. Building B. Wing	06/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atlas Healthcare at Seashore Gardens	22 West Jimmie Leeds Road Galloway Township, NJ 08205

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Complaint #: 2710717, 2791836 Based on interviews, medical record reviews, and review of other pertinent facility documentation it was determined that the facility failed to update the care plan (CP) with interventions for a resident (Resident #2) who's family expressed preferences related to incontinence care. This deficient practice was identified in 1 of 5 residents reviewed for care plans and was evidenced by the following:According to the admission Record (AR), Resident #2 was admitted to the facility with diagnoses including but not limited to benign prostatic hyperplasia without lower urinary tract symptoms (enlarged prostrate that is not obstructing the urethra or irritating the bladder); muscle weakness; and cognitive communication deficit (communication difficulty caused by disrupted brain function). According to the Comprehensive Minimum Data Set (MDS), an assessment tool dated 01/29/2026, Resident #2 had a Brief Interview for Mental Status (BIMS) score of seven out of 15, which indicated the resident's cognition was impaired. Further review of the MDS revealed that Resident #2 was frequently incontinent of urine and frequently incontinent of bowel. A facility GRIEVANCE/CONCERN FORM dated 02/06/2026, with DATE OF OCCURENCE 2/5/2026 and Resident #2's name and room number at the top was reviewed. The description of the concern revealed Residents [sic] family report resident is being placed in briefs. Further review of the facility form revealed under RESOLUTION/ACTION TAKEN TO RESOLVE GRIEVANCE/COMPLAINT: the facility form revealed that Resident #2's family was informed that the resident's MDS indicated that the resident was incontinent. The family was understanding but requested that Resident #2 only be placed in incontinent briefs at night. This section of the facility form further revealed Resident #2's CP was updated to reflect the use of briefs at night. A review of Resident #2's CP revealed no focus, goal, or interventions related to the family's preference that the resident wear briefs only at night. An interview was conducted with the Director of Nursing (DON) on 06/12/2026 at 4:03 PM. The DON stated that the purpose of CPs was for nurses and Certified Nursing Assistants to know the individual care needs of residents. The DON stated that CPs should be updated to reflect changes in residents' needs. The CP for Resident #2 was reviewed with the DON. The DON stated that Resident #2's CP should have been updated to reflect the family's preference for the use of briefs only at night, but it was not. The facility Comprehensive Care Plans policy with an implementation date of 04/01/2026 and a reviewed/revised date of 04/01/2026 was reviewed. Under Policy the policy revealed It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment. Under Policy Explanation and Compliance Guidelines: the facility policy revealed 1. The care planning process will include an assessment of the resident's strengths and needs, and will incorporate the resident's personal and cultural preferences in developing goals of care. This section of the facility policy further revealed 3. The comprehensive care plan will describe, at a minimum, the following: [.] f. Resident specific interventions that reflect the resident's needs and preferences. NJAC 8:39-11.2 (e) (1) (2)

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