

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/10/2025
NAME OF PROVIDER OR SUPPLIER Atrium Post Acute Care of Park Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Noyes Drive Park Ridge, NJ 07656	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48781</p> <p>COMPLAINT #NJ172916</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to maintain residents' environment in a safe, clean, comfortable, and homelike surrounding for 3 of 35 residents reviewed, Resident #2, #121 and #109.</p> <p>The deficient practice was evidenced by the following:</p> <p>1. On 1/8/25 at 9:59 AM, the surveyor and the 3 [NAME] Unit Manager (UM) observed in room [ROOM NUMBER]-D Resident #2 sitting on the wheelchair (w/c), privacy curtain was missing, and a black, portable fan on top of the bedside table was on with a large amount of dust accumulation on the front grill. The surveyor and UM observed 411-W Resident #121 sitting on the w/c. The surveyor and the UM observed in the room [ROOM NUMBER] the broken shade by the window; the bottom part of the two overbed tables with splattered white substances; the bathroom soap dispenser broken off the wall and laying on the garbage can; the floors in the residents' room and bathroom with dark black stains. The UM completed a finger swipe test on the surface of the overbed lighting for dust on room [ROOM NUMBER]-D and found an accumulation of dust. The UM confirmed all the findings.</p> <p>At that time, the Housekeeping Director (HKD) entered the room and confirmed all the issues found. Resident #121 stated, They know about the blinds, and the curtains for months now, and Resident #2, stated, Curtains have been missing for months, they took it down to clean it but never put it back.</p> <p>The surveyor reviewed the medical records and revealed:</p> <p>Resident's #2's Annual Minimum Data Set (MDS), an assessment tool used to facilitate the plan of care, with an assessment reference date (ARD) of 11/20/24, revealed a Brief Interview of Mental Status (BIMS) score of 14 out of 15 indicated intact cognition.</p> <p>Resident #121's Quarterly MDS (QMDS), with an ARD of 12/20/24 revealed a BIMS score of 15 out of 15, indicated intact cognition.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. On 1/8/25 at 10:06 AM, the surveyor in the presence of the HKD observed the wall near the doorway in the room [ROOM NUMBER] with large amount of brown substances splattered and also observed the broken window shades in the room. The HKD confirmed the findings and stated, The resident will throw coffee, drinks on the wall. The surveyor observed Resident #109 was inside the room.</p> <p>A review of the Resident #109's QMDS dated [DATE] revealed a BIMS score of 15 out of 15, indicated intact cognition.</p> <p>A review of the maintenance log for 3 [NAME] Unit from 5/2024 -12/25/24 revealed no work orders for the concerns above mentioned in rooms [ROOM NUMBERS].</p> <p>On 1/8/25 at 1:07 PM, the surveyor discussed the concerns above with the License Nursing Home Administrator (LNHA), Director of Nursing (DON) and the Assistant Administrator.</p> <p>On 1/9/25 at 10:39 AM, the LNHA and the DON responded to the survey team, We are in the process of doing deep cleaning in all the rooms.</p> <p>On 1/9/25 at 11:31 AM, the surveyor requested for the facility Maintenance/Work Order policy and the LNHA stated, What they do is they call maintenance right away for work orders, a lot of verbal things between staff, or they write it on the maintenance log binder, each unit has one, and maintenance people also work on weekends. They should be writing it on the binder and once maintenance knows they will fix it right away. We follow the good practice policy. Let me see if we have a policy for Maintenance and good practice policy.</p> <p>A review of the facility's Cleaning and Disinfection of Environmental Surfaces Policy and Procedure, revised 10/2024 revealed that the housekeeping surfaces (e.g., floors, tabletops) will be cleaned on a regular basis, when spills occur, and when these surfaces are visibly soiled. Environmental surfaces will be disinfected (or cleaned) on a regular basis (e.g., daily three times per week) and when surfaces are visibly soiled. Walls, blinds, and window curtains in resident areas will be cleaned when these surfaces are visibly contaminated or soiled. Horizontal surfaces will be wet dusted regularly (e.g., daily, three times per week) using clean cloths moistened with an registered hospital disinfectant (or detergent).</p> <p>A review of the facility Policy and Procedure Maintenance Reporting, reviewed 12/2024 revealed that the facility maintains systems to report and resolve all maintenance related concerns, to sustain a safe and comfortable environment If the item is deemed irreparable, Maintenance will tag the equipment, take it out of service, and will arrange to order new parts/equipment.</p> <p>NJAC 8:39-31.4(a)(c)(f), 31.8(c)5,7</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>48781</p> <p>Complaint #NJ172916</p> <p>Based on observation, interview, and review of pertinent documents, it was determined that the facility failed to maintain a safe, functional, sanitary, and comfortable environment in 1 of 1 laundry room in accordance with the facility procedures.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 1/10/25 at 8:40 AM, Surveyor #1 (S#1) toured the laundry area on the 1st floor and there were four staff. The surveyor observed the folding area for personal clothing with two personal cellphones on top of the clean folded clothing and there was a radio/cassette recorder on top of the clean folded linens and incontinent pads (cloth).</p> <p>On that same date and time, during the tour with the Housekeeping Aide (HA), the surveyor observed used gloves on top of personal clothing washer, white gown, face towel, linen on the floor next to a big washer. There was an accumulation of grayish substances on the floor and dried brownish substances, as per the HA, the floor was dusty and was not sure about the brownish discoloration on the floor, and the white gown, face towel, and the linen on the floor next to the washer were considered dirty and were separated from other dirty laundry earlier when the washer was loaded.</p> <p>At that same time, the HA informed the surveyor that there were only two of washers and dryers that were operational, the one dryer was broken more than a month and will be replaced soon, and the other broken dryer had been broken for months and unable to state how long.</p> <p>On 1/10/25 at 8:49 AM, S#1 and the Environmental Services Director (ESD) went back to the laundry area. The surveyor asked about the cassette recorder/radio near the clean folded linens, and he stated that it should not be there and asked the laundry staff to remove it. He also stated that the personal cellphones should not be placed near the folded personal clothing, and he asked the staff to remove it.</p> <p>At that same time, in the dirty area of the laundry, the used gloves which were on top of the washer were removed by the ESD and stated that it should have been discarded to garbage. The HA confirmed to the ESD that the gown, face towel and linen were considered dirty; the ESD stated that they should not have been on the floor.</p> <p>Furthermore, S#1 asked the ESD if there were issues or concerns about overflowing dirty laundry in the residents' rooms that he was aware of. The ESD responded yes, there were concerns because some of their washers and dryers were broken and that he had requested new machines. The surveyor asked for the order requisition slips and for any complaints and he said he will get back to the surveyor.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/10/25 at 9:00 AM, The ESD provided to the Surveyor #2 (S#2) an invoice dated 4/9/24 which revealed a repair for laundry equipment. The Licensed Nursing Home Administrator (LNHA) and the ESD confirmed of laundry issues. The ESD provided an additional invoices which revealed laundry equipment repairs have been ongoing since 3/31/23 to the current date.</p> <p>On 1/10/25 at 9:01 AM, S#1 interviewed the LNHA and notified of the concerns in the laundry area and what ESD stated regarding the broken machines. S#1 asked the LNHA if there were grievance for overflowing laundry that she remembered and she stated yes. The LNHA further stated that the Resident Representative (RR) complained, and we did not know that were supposed to do laundry and we said sorry. S#1 asked the LNHA what was the responsibility of the facility if the nurses, Certified Nursing Assistants (CNAs), Housekeepers went to the residents' room every day and saw the overflowing laundry. The LNHA stated that the staff should had reported it and that there should be no overflowing laundry. S#1 asked if that was considered grievance that the RR complained about laundry, and the LNHA responded yes, and the surveyor asked for the copy of grievances for that overflowing laundry, and the LNHA stated that she would get back to the surveyor.</p> <p>On 1/10/25 at 10:00 AM, S#2 reviewed grievances for 2024, which was provided by the Director of Social Services. A grievance dated on 4/27/24 and 3/1/24 reflected concerns that the laundry basket were overflowing with dirty clothes.</p> <p>On 1/10/25 at 10:48 AM, S#2 requested from the LNHA for the most current facility Policy and Procedure for Laundry and Laundry Equipment Maintenance.</p> <p>On 1/10/25 at 11:09 AM, the LNHA responded, We have no policy on the laundry equipment maintenance. We fix the equipment as they come along.</p> <p>On 1/10/25 at 11:15 AM, the LNHA stated, We understand that older equipment breaks down, the organization has ordered new equipment but due to financial limitation at that time, we just fixed it, now we can have new machines. The overflowing laundry, the staff should be sending that laundry that were overflowing down to the laundry room. We will educate the laundry department with infection control, cell phone, soiled clothes with the clean towels.</p> <p>On 1/10/25 at 11:41 AM, S#2 interviewed the ESD, who stated, The left dryer is completely broken for five months now, not working, it keeps breaking. The right dryer has been broken since I came here. We are getting a new washing machine one dryer and one washing machine next week.</p> <p>On 1/10/25 at 11:47 AM, S#2 notified the LNHA, DON, Assistant Director of Nursing, Minimum Data Set/Lead Registered Nurse, Activity Director, Regional DON, Rehabilitation Director, Registered Dietician, and Infection Preventionist of the above concerns and findings.</p> <p>A review of the most current facility policy and procedure titled Laundry and Bedding, Soiled revealed, Soiled laundry/bedding shall be handled in a manner that prevents gross microbial contamination of the air and persons handling the linen.</p> <p>A review of the facility's Policy and Procedure Maintenance Reporting, reviewed on 12/2024, that was provided by the LNHA revealed:</p> <p>(continued on next page)</p>		

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