

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315506	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2026
NAME OF PROVIDER OR SUPPLIER Atlas Rehabilitation and Healthcare at Washington		STREET ADDRESS, CITY, STATE, ZIP CODE 378 Fries Mill Road Sewell, NJ 08080	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to maintain the ice machine and kitchen environment in a clean and sanitary manner to prevent potential contamination and foodborne illness. This deficient practice was evidenced by the following: On 04/13/2026 at 9:19 AM, during a kitchen observation conducted with the Dietary Director (DD), the surveyor observed that the interior compartment of the ice machine, where ice was dispensed, contained a light yellow, slimy, film-like substance. The interior tray contained brown and black debris. The exterior compartment beneath the ice chute, used to catch ice, contained brown debris within the drainage tray. Additionally, the front surface of the ice machine contained brown, dry, powdery particles. Further observation revealed that the base of the wall, beginning at the ice machine and extending to the high-temperature dishwasher, was missing in multiple areas, exposing underlying wall materials and creating gaps between the wall and floor. On 04/13/2026 at 9:45 AM, during an interview, the DD stated the ice machine had last been cleaned approximately three months prior by an outside vendor and confirmed there was no formal facility cleaning schedule in place. The DD also stated the damaged wall area had been in disrepair for approximately one and a half months and was identified as a maintenance issue. On 04/16/2026 at 9:24 AM, during an interview, the Licensed Nursing Home Administrator (LNHA) acknowledged the presence of mold in the ice machine and the need for repair of the wall base. The LNHA stated the facility planned to increase the frequency of ice machine cleaning and had contracted a company to complete the necessary kitchen repairs. A review of the facility's Ice Machines and Ice Storage Chests policy, undated, included, Ice machines and ice storage/distribution containers will be used and maintained to assure a safe and sanitary supply of ice. A review of the facility's Homelike Environment policy, undated, included, The facility staff and management maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. clean, sanitary, and orderly environment. N.J.A.C 8:39-17.2 (g)		

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: 315506	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2026
NAME OF PROVIDER OR SUPPLIER Atlas Rehabilitation and Healthcare at Washington		STREET ADDRESS, CITY, STATE, ZIP CODE 378 Fries Mill Road Sewell, NJ 08080	
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, record review, and review of facility documentation, it was determined that the facility failed to provide pharmaceutical services in accordance with professional standards and ensure a medication was administered per the physicians order (PO) with blood pressure parameters. This deficient practice was identified for 1 of 2 residents (Resident # 114) reviewed for dialysis and was evidenced by the following: On 04/12/26 at 10:32 AM, the surveyor observed Resident #114 lying in bed with his/her eyes open. The resident was unable to answer any questions. Resident #114's family member was at the bedside and stated that the resident attended dialysis three times a week. A review of the admission Record, an admission summary, revealed the resident had diagnoses which included, but were not limited to: end stage renal disease (kidney failure), renal and perinephric abscess (kidney infection), and surgery on the genitourinary system. The resident's comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 4/5/26, was still in progress. A review of the resident's individual comprehensive care plan (ICCP), dated 3/30/26, included a focus area for hypotension. Interventions included giving medications as ordered. A review of the physician's order (PO), dated 03/31/26, included Midodrine HCL tablet 10 milligrams (mg). Give one (1) tablet by mouth every Monday, Wednesday, and Friday for hypotension, Hold for Systolic Blood Pressure (SBP) > (greater than) 120 AND give one (1) tablet by mouth one time a day every Tuesday, Thursday, Saturday, and Sunday for hypotension, Hold for SBP > 120. A review of the April 2026 electronic Medication Administration Record (eMAR) reflected the order for the Midodrine. The eMAR was plotted for the medication to be administered at 8:00 AM on Monday, Wednesday, and Friday, and 9:00 AM on Tuesday, Thursday, Saturday and Sunday (medication administration times adjusted to accommodate for scheduled dialysis times). The eMAR reflected that the Midodrine 10 mg was administered at 8:00 AM on 04/13/26 with a SBP of 136 which was greater than the parameter to hold if >120. On 4/13/26 at 11:39 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) who confirmed that the resident received the Midodrine 10 mg that morning at 8:00 AM for a SBP of 136. The LPN, in the presence of the surveyor, reviewed the resident's PO and stated that she should not have administered the Midodrine to Resident #114 at 8:00 AM because the SBP was greater than 120. On 04/13/26 at 11:50 AM, the surveyor interviewed the Nurse Practitioner (NP) for Resident #114. The NP stated that Resident #114 went to dialysis on Mondays, Wednesdays, and Fridays and was ordered Midodrine for low blood pressure. The NP further stated that the Midodrine should be given per the PO which included the parameters to hold the medication if the SBP was greater than 120. The NP confirmed that Midodrine should not have been given for a SBP of 136. On 04/15/26 at 12:31 PM, the surveyor interviewed the Director of Nursing (DON) who stated that when a resident was on a blood pressure medication with parameters, the nurse should follow the directions of the PO. On 04/16/26 at 9:24 AM, the DON, in the presence of the Licensed Nursing Home administrator (LNHA) and the survey team, acknowledged the Midodrine was administered outside the ordered parameters. A review of the facility's Medication Administration with Parameters policy, undated, included that medications must be administered exactly as ordered by the physician. Nurse's responsibilities include that before administration, the nurses need to: a) verify the 5 rights (right patient drug, dose, route, and time, b) review the full order INCLUDING parameters, and c) obtain required vital signs or assessments. NJAC 8:39-29.2(d)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315506	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2026
NAME OF PROVIDER OR SUPPLIER Atlas Rehabilitation and Healthcare at Washington		STREET ADDRESS, CITY, STATE, ZIP CODE 378 Fries Mill Road Sewell, NJ 08080	
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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to adhere to established menus to ensure nutritional adequacy for Resident #34. This deficient practice was evidenced by the following: On 04/13/2026 at 11:43 AM, during the lunch observation in the Grenloch dining room, Resident #34 had a meal ticket that did not match the meal served. The meal ticket included pureed beef stir fry, cream of rice, pureed stir fry vegetables, vanilla pudding, fortified mashed potatoes with gravy, [NAME REDACTED] (a high calorie frozen dessert supplement), ice cream, sherbet, and whole milk 4 ounces (oz). The resident did not receive the a high calorie frozen dessert supplement as listed on the ticket. A review of the admission Record, an admission summary, revealed the resident had diagnoses including, but not limited to, dementia (a condition that causes a decline in memory, thinking, and reasoning skills), palliative care (care that focuses on relieving pain, symptoms, and stress from serious illness to improve comfort and quality of life), and unspecified protein-calorie malnutrition. A review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 02/11/2026, included a Brief Interview for Mental Status (BIMS) score of 4 out of 15, indicating the resident's cognition was severely impaired. A review of the Individual Comprehensive Care Plan (ICCP), dated 02/26/2026, identified a focus area indicating that Resident #34 was at risk for malnutrition. Interventions included, providing and serving supplements as ordered, including a high calorie frozen dessert supplement twice a day. A review of the Order Recap Report (ORR), dated 04/09/2026, included the following physician order (PO): A PO, dated 04/09/2026, for nutritional treat/snack two times a day for a planned weight gain. [high calorie frozen dessert supplement] 4 oz by mouth. On 04/14/2026 at 11:00 AM, during an interview, the Dietary Director (DD), who had worked at the facility for over one year, stated that the high calorie frozen dessert supplement was not on Resident #34 tray because it was a new order. On 04/15/2026 at 10:11 AM, during an interview, the Registered Dietitian (RD), who had worked at the facility for six months, stated that Resident #34 should have received a high calorie frozen dessert supplement, which had been prescribed on 04/09/2026 to be served twice daily at lunch and dinner for caloric needs, and that it should have been provided to support the resident's nutritional requirements. Meals were to be served in accordance with prescribed orders to ensure residents' caloric and nutritional needs were met. A review of the facility's Food and Nutrition Services policy, undated, included, that each resident was provided with a nourishing, palatable, well-balanced diet that met his or her daily nutritional and special dietary needs, taking into consideration resident preferences. NJAC 8:39- 17.2 (b), 17.4(a)(3)		