

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315521	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/26/2025
NAME OF PROVIDER OR SUPPLIER Atlas Post Acute at Woodbury Country Club		STREET ADDRESS, CITY, STATE, ZIP CODE 467 Cooper Street Woodbury, NJ 08096	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Complaint 2616856Based on interview, record review, and policy review on 9/26/2025 and 9/29/2025, it was determined that the facility failed a. to ensure medications were administered to a resident according to standards of practice and b. to follow their own policy for medication administration. This deficient practice resulted in Resident #1 receiving a scheduled pain medication late, with the potential for unrelieved pain and discomfort.This deficient practice was identified for 1 of 8 sampled residents (Resident #1) and was evidenced by the following:According to Resident #1's admission Record (AR), the resident was admitted to the facility with diagnoses that included but were not limited to: fracture of the nasal bones. A Review of the comprehensive Minimum Data Set (MDS), an assessment tool dated 08/19/2025, revealed that Resident #1 had a Brief Interview of Mental Status (BIMS) score of 12 out of 15, indicating the resident had a moderately impaired cognition.A Review of Resident #1's Care Plan (CP) revealed a focus of I have (acute) pain r/t [related to] recent nasal bone fx's [fractures] and Arthritis initiated 08/14/2025 and an intervention of Administer analgesia as per orders.On 9/26/2025 a review of the Physicians Orders revealed Resident #1 had an order for Oxycodone 10 milligram (mg) give 1 tablet by mouth every 8 hours for severe pain, scheduled for 6:00 A.M., 2:00 P.M. and 10:00 P.M. beginning on 8/27/2025 and discontinued on 9/10/2025. A Review of the Medication Admin Audit Report (MAAR) for 9/08/2025 revealed the 2:00 P.M. dose was administered at 3:53 P.M. That is 1 hour and 53 minutes after the scheduled time. In an interview on 9/26/2025 at 12:45 P.M., with the Assistant Director of Nursing (ADON), the surveyor showed the MAAR for 9/8/2025 and the ADON said the medication was given late, the policy was not followed, and the physician should have been notified to clarify next steps for the medication. In an interview on 9/29/2025 at 11:32 P.M., with the Licensed Practical Nurse (LPN) the surveyor showed the MAAR for 9/8/2025 and the LPN explained the documentation showed the medication was given late. A review of the facility's policy titled Administering Medications with a revision date of April 2019 revealed under Policy Interpretation and Implementation that 4. Medications are administered in accordance with prescriber orders. and 7. Medications are administered within one (1) hour of their prescribed time.NJAC 8:39-11.2 (b), 29.2 (d)</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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