

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2025
NAME OF PROVIDER OR SUPPLIER Aristacare at Manchester		STREET ADDRESS, CITY, STATE, ZIP CODE 1770 Tobias Avenue Manchester, NJ 08759	
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. (continued on next page)		

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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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Complaint: NJ183978Based on interview, review of medical records and other pertinent facility documentation it was determined that the facility failed to maintain medical records accurately and completely in accordance with acceptable standards and practice. This identified for 1 of 46 residents (Resident # 150) reviewed medical records and evidenced by the following:A review of the admission Record, an admission summary, revealed that Resident #150 had diagnoses which included, but were not limited to: metabolic encephalopathy and moderate protein-calorie malnutrition. A review of the resident's individual comprehensive care plan (ICCP) had the following a focus areas, dated 2/27/2025, that the resident had an alteration in gastro-intestinal status [related to] presence of colostomy. Interventions included, but not limited to, monitor colostomy site for [signs/symptoms] of infection every shift and provide colostomy care every shift; that the resident used antidepressant medication [related to] the management of depression. Interventions included, but not limited to, antidepressant medications as ordered by physician; that the resident has chronic pain [related to] quadriplegia, presence of wounds, and polyneuropathy. Interventions included, but not limited to, monitor/record/report to nurse my complaints of pain or requests for pain treatment; that the resident had a suprapubic catheter [related to diagnosis] of neurogenic bladder. Interventions included, but not limited to, empty drainage bag [every] 8 hours. Record output if necessary; render catheter care every shift.A review of the Medication Administration Record (MAR) and Treatment Administration Record (TAR), dated as of 8/21/2025, included, but not limited to, the following physician orders (PO) and corresponding blank entries:A PO, dated 2/22/2025, for Duloxetine oral capsule delayed release particles 80 milligrams (mg) to give 1 capsule by mouth at bedtime related to depression. On 2/23/2025 a blank space was observed. A PO, dated 2/22/2025, for Fluoxetine HCL oral capsule 10mg to give 5 capsules by mouth at bedtime related to depression. On 2/23/2025 a blank space was observed. A PO, dated 2/22/2025, for Blaclofen oral tablet 10mg to give 1 tablet by mouth two times a day (2pm and 9pm) for muscle spasm *give with 20mg to equal 30mg). On 2/23/2025 a blank space was observed for the 9 PM entry.A PO, dated 2/22/2025, for Blaclofen oral tablet 200mg to give 1 tablet by mouth two times a day (2pm and 9pm) for muscle spasm *give with 10mg to equal 30mg). On 2/23/2025 a blank space was observed for the 9 PM entry.A PO, dated 2/22/2025, for Methenamine Hippurate oral tablet 1 gram (GM) to give 1 tablet by mouth every 12 hours for ESB of urine. On 2/23/2025 a blank space was observed. A PO, dated 2/22/2025, for Gabapentin oral capsule 400mg to give 3 capsule by mouth three times (9am, 2pm, 9pm) a day for neuropathy. On 2/23/2025 a blank space was observed for the 9 PM entry.A PO, dated 2/22/2025, to monitor vital signs every shift for assessment. On 2/23/2025 (second shift) and 2/27/2025 (morning shift) did not have vital signs entered. On 2/23/2025 (day), 2/24/2025 (day), 2/27/2025 (day) blank spaces were observed. A PO, dated 2/22/2025, for Santyl External Ointment 150unit/GM to apply to sacrum and right heel topically every day and evening shift for wound care. A PO, dated 2/22/2025, to monitor colostomy stoma for [signs/symptoms] of infection every shift for infection. On 2/23/2025 (day) and 2/24/2025 (day) blank spaces were observed.A PO, dated 2/22/2025, to offload heels when in bed every shift for prevention. On 2/23/2025 (day) and 2/24/2025 (day) blank spaces were observed.A PO, dated 2/22/2025, for skin protectant to apply to buttock topically every shift for prevention. On 2/23/2025 (day) and 2/24/2025 (day) blank spaces were observed.A PO, dated 2/22/2025, to record supra pubic catheter output every shift for monitoring. On 2/24/2025 (day) a blank space was observed.A PO, dated 2/22/2025, to render suprapubic catheter care every shift for prevention. On 2/24/2025 (day) a blank space was observed.On 8/26/2025 at 8:41 AM, the surveyor interviewed the Licensed Practical Nurse (LPN #1) who stated that upon administered medication and/or treatments the MAR/TAR should be checked off to show that it was given or completed. When asked what a blank box could mean, LPN #1 stated that the medication was not given or the treatment was not completed. On 8/26/2025 at 8:57 AM, the surveyor interviewed the Licensed Nurse Practitioner/Unit Manager (LPN/UM) who stated that physicians orders should be carried out as written and that there should never be blanks in the MAR/TAR. When asked what a blank could mean, the LPN/UM responded that it was not done. During an interview on 8/26/2025 at 1:48 AM with the surveyor the Director of Nursing, in the presence of the Licensed Nursing Home Administrator Regional Clinical Director acknowledged that the MAR/TAR should be completed in its entirety upon completion of the order and that if it was not filled in it could mean that the order was not done. A review the undated facility policy titled, Administering Medications revealed the following under Policy Interpretation and Implementation: 1.3. Medications must be		