

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2025
NAME OF PROVIDER OR SUPPLIER Alaris Health at St Mary's		STREET ADDRESS, CITY, STATE, ZIP CODE 135 South Center Street Orange, NJ 07050	

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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>50913</p> <p>Complaint #: NJ00185165</p> <p>Based on interviews, medical record reviews, and review of other pertinent facility documents on 04/08/25, it was determined that the facility's Director of Social Services (DSS) failed assist a resident in obtaining needed community services, as required by the Job Description for Social Services Director. The DSS also failed to follow the facility's Discharge Policy policy for 1 of 3 residents (Resident #2). This deficient practice was evidenced by the following:</p> <p>Review of the Electronic Medical Records (EMRs) is as follows:</p> <p>The surveyor reviewed the Admission Record of Resident #2 which revealed that the resident was admitted to the facility 02/2025 with diagnoses that included but not limited to: Spinal stenosis, Alzheimer's Disease, fall from bed, muscle weakness and difficulty walking.</p> <p>A review of Resident #2's Admission Minimum Data Set (MDS) (an assessment tool) dated 03/28/25, revealed that the resident had a Brief Interview for Mental Status (BIMS) score of 15 which indicated that the resident was cognitively intact. The Functional Status portion of the assessment specified that the resident required supervision or touching assistance to transfer and ambulate with a walker. Additional active diagnoses noted on the assessment included: history of falling and repeated falls.</p> <p>A review of Resident #2's Care Plan (CP), with a focus that was initiated on 2/20/25, showed [Resident #2] wishes to be discharged to their home. The interventions included but were not limited to: Make arrangements with required community resources to support independence post-discharge i.e. Home care, PT/OT, MD, Wound Nurse; Provide needed assistance with community services upon discharge to community.</p> <p>A review of the Order Summary Report (OSR), Resident #2 had an order to discharge to home with VNS/PT/OT, (Visiting Nursing Services/Occupational Therapy /Physical Therapy), dated 3/27/25.</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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Surveyor reviewed in Progress notes a Interdisciplinary Team (IDT) note written by the Director of Social Service (DSS) on 3/28/25 at 1:08 PM. The note indicated [Resident #2] was discharged to [Boarding Home] located at SW spoke to [Resident #2's family member] via telephone, [Resident #2's family member # .], prior to setting up Uber transport to notify of [Resident #2's] discharge location. [Resident #2's family member] was also informed that [Resident #2] was not appropriate for LTC due to not meeting LTC criteria. [Family member] verbalized understanding.</p> <p>No further documentation was provided regarding discussions on discharge to boarding home prior to time of discharge.</p> <p>During an interview with DSS on 4/08/25 at 3:29 PM, he revealed that VNS/PT/OT services were not initiated as ordered. He further stated that even though VNS/PT/OT services are ordered, does not necessarily mean that the resident needs those services. The DSS further revealed VNS/PT/OT do not usually provide services in boarding homes or shelters, and he was not sure which facilities would accommodate the ordered services due to not being familiar with the area.</p> <p>In a phone interview on 4/9/25 at 3:06 PM with Resident #2's Physician, he stated that he was not aware of Resident #2's discharge to a boarding home, and that the VNS/PT/OT services were not initiated according to his orders. He further stated, he expects staff to follow the Physician orders, and for the staff to find appropriate facilities to accommodate VNS/OT/PT services.</p> <p>Review of the Job Description for Social Services Director revealed the following: Under the heading Position Summary, The Social Service Director is responsible for planning and administering social service programs. He/she supervises nursing home social workers and assists in developing facility policies regarding participation in community planning for health and welfare services. The Social Services Director plans and assists in research projects and is responsible for discharge planning/community resources. Under the heading titled, Responsibilities/Accountabilities, included but not limited to: .4. Assures medically related social services are provided to maintain or improve each resident's ability to control everyday physical needs (e.g., appropriate adaptive equipment for eating, ambulating, etc.) and mental and psycho social needs (e.g., sense identify, coping abilities, and sense of meaning and purpose .14. Coordinates discharge planning, including the development of an organized discharge plan for all residents; .16. Ensures that residents and families receive the highest quality of service in a caring and compassionate atmosphere which recognizes the individual's needs and rights .</p> <p>Review of the facility policy titled Discharge Policy last reviewed on 1/2025 indicated the following: Under the heading titled, Policy statement, revealed When a resident's discharge is anticipated, a discharge plan, summary and instructions will be developed to assist the resident to adjust to his/her new living environment. Under: Policy Interpretation and Implementation .2. The discharge plan will be developed by the Care Planning/Interdisciplinary Team with the assistance of the resident and his or her family. 3. The Social Services Department will review the discharge plan with the resident and family before the discharge is to take place .</p> <p>N.J.A.C. 8.39-39.4 (f)</p>		