

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 10/23/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</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

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 10/23/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 2641999, 2562115 Based on interview and record review and review of other pertinent facility documents on 10/23/25, it was determined that the facility failed to ensure that the nursing services were provided and documented consistently on the Treatment Administration Record (TAR) in accordance with professional standards of practice. This deficient practice was identified for 2 of 3 residents reviewed for standards of practice (Resident #1, Resident #2).The evidenced was as follows: Reference: The practice of nursing as a Licensed Practical Nurse is defined as performing tasks, and responsibilities within the framework of case finding, reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a Registered Nurse, or otherwise legally authorized Physician or Dentist. Reference: New Jersey Statutes Annotated Title 45. Chapter 11. New Jersey Board of Nursing Statutes 45:11-23. Definitions b. The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribe by a licensed or otherwise legally authorized physician or dentist. Diagnosing in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen. Such diagnostic privilege is distinct from a medical diagnosis. Treating means selection and performance of those therapeutic measures essential to the effective management and execution of the nursing regimen. Human response means those signs, symptoms and processes which denote the individual's health need or reaction to an actual or potential health problem. A review of the admission Record (AR) revealed that Resident #1 was admitted to the facility with diagnoses that included but were not limited to morbid obesity, osteoarthritis, muscle weakness, and difficulty walking. A review Resident #1's comprehensive Minimum Data Set (MDS) dated [DATE], an assessment tool revealed that the resident had a Brief Interview Mental Status (BIMS) score of 14 out of 15, indicating that the resident's cognition was intact. A Review of the June 2025 TAR revealed blanks for the following treatments: Boudreauxs butt paste ointment 16% (zinc oxide), apply to sacrum topically every shift for wound prevention, skin care status post hygienic cleanse, pat dry and apply butt paste was blank on 6/8/25 on the 7:00 AM shift and was blank on 6/30/25 on the 3:00 PM shift. Lac-Hydrin Five External Lotion 5% (lactic acid ammonium lactate) Apply to bilateral feet topically every shift for dry skin, was blank on 6/8/25 on the 7:00 AM shift and was blank on 6/30/25 on the 3:00 PM shift. Turn and reposition every 2 hours, every shift was blank on 6/8/25 on the 7:00 AM shift, and on 6/30/25 on the 3:00 PM shift. A Review of Resident #1's TAR revealed blanks for the following: Boudreauxs butt paste ointment 16% (zinc oxide), apply to sacrum topically every shift for wound prevention, skin care sp [status post] hygienic cleanse, pat dry and apply butt paste was blank on 7/24/25 on the 7:00 AM shift. Gel cushion every shift check placement was blank on 7/24/25 on the 7:00 AM shift. Heel lifts, apply to bilaterally heels when in bed every shift, check placement was blank on 7/24/25 on the 7:00 AM shift. Lac-hydrin five external lotion 5% apply to bilateral feet topically every shift for dry skin, was blank on 7/24/25 on the 7:00 AM shift. Turn and reposition every 2 hours every shift was blank on 7/24/25 on the 7:00 AM shift. Vitamins A and D ointment apply to sacrum topically every shift for wound prevention was blank on 7/24/25 on the 7:00 AM shift. Zinc oxide cream 10% apply to sacrum topically every shift for wound care was blank on 7/24/25 on the 7:00 AM shift. A Review of the August 2025 TAR revealed blanks for the following treatments: Mupirocin external ointment 2% apply to low back topically every day shift for wound care for 30 days cleanse with Normal Saline (NSS) pat dry cover with dry dressing was blank on 8/26/25 on the 7:00AM shift, and on 8/27/25 on the 7:00 AM shift. Boudreauxs butt paste ointment 16% (zinc oxide), apply to sacrum topically every shift for wound prevention, and skin care was blank on 8/26/25 on the 7:00 AM. Gel cushion every shift check placement was blank on 8/16/25 on the 11:00 PM shift. Heel lifts, apply to bilateral heels when in bed every shift check placement was blank on 8/26/25 on the 7:00 AM shift. Lac-hydrin five external lotion 5% apply to bilateral feet topically every shift for dry skin was blank on 8/26/25 on the 7:00 AM shift. Pressure relieving bed, mattress every shift check function was blank on 8/4/25 on the 3:00 PM shift. Turn and reposition every 2 hours every shift was blank on 8/26/25 on the 7:00 AM shift. Zinc oxide cream 10% apply to sacrum topically every shift for wound care was blank on 8/16/25 on the 11:00 PM shift ? A review of the admission Record (AR) revealed</p>		

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 10/23/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>(continued on next page)</p>

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 10/23/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interviews, medical record review, and review of pertinent facility documentation on 10/23/25, it was determined that the facility failed to consistently document Activities of Daily Living (ADL) as being provided to residents for 2 of 4 residents reviewed for ADLs (Resident #1, Resident #2). The findings were as followed: A review of the admission Record (AR) revealed that Resident #1 was admitted to the facility with diagnoses that included but were not limited to; morbid obesity, osteoarthritis, muscle weakness, and difficulty walking. A review Resident #1's comprehensive Minimum Data Set (MDS) an assessment tool dated 6/5/25 that the resident had a Brief Interview Mental Status (BIMS) score of 14 out of 15, indicating that the resident's cognition was intact. A review of Resident #1's June 2025 Documentation Survey Report v2, a form included blank spaces indicating that the task, were not completed as follows: Personal Hygiene on 6/11/25, and 6/23/25 on the day shift. On 6/8/25, 6/10/25, 6/18/25, 6/26/25, and 6/30/35 on the evening shift. On 6/13/25, 6/14/25, 6/15/25 and 6/30/25 on the night shift. Turned and position every 2 hours on 6/2/25, 6/13/25, 6/14/25, 6/15/25, and 6/16/25 on the day shift. On 6/1/25, 6/11/25, and 6/23/25 on the evening shift. On 6/1/25, 6/8/25, 6/10/25, 6/18/25, and 6/26/25 on the night shift. Bladder continence on 6/11/25, and 6/23/25 on the day shift. On 6/8/25, 6/10/25, 6/18/25, 6/26/25, and 6/30/25 on the evening shift. On 6/13/25, 6/14/25, 6/15/25, and 6/30/25 on the night shift. Bowel continence and movements on 6/11/25, and 6/23/25, on the day shift. On 6/8/25, 6/10/25, 6/18/25, 6/26/25, and 6/30/35 on the evening shift. On 6/13/25, 6/14/25, 6/15/25 and 6/30/25 on the night shift. Roll left and right on 6/11/25, and 6/23/25 on the day shift. On 6/8/25, 6/10/25, 6/18/25, 6/26/25 and 6/30/25 on the evening shift. On 6/13/25, 6/14/25, 6/15/25, and 6/30/25 on the night shift. Preventative mattress on 6/11/25, and 6/23/25 on the day shift. On 6/8/25, 6/10/25, 6/26/25 and 6/30/25 on the evening shift. On 6/13/25, 6/14/25, 6/15/25, and 6/30/25 on the night shift. A review of Resident #1's July 2025 Documentation Survey Report v2, a form included blank spaces indicating that the task, were not completed as follows: Personal hygiene on 7/15/25, 7/26/25, 7/30/25, and 7/31/25 on the day shift. 7/15/25, 7/26/25, 7/27/25, and 7/29/25 on the evening shift. On 7/25/25, 7/28/25, 7/29/25, and 7/31/25 on the night shift. Turn and position every 2 hours on 7/24/25, 7/26/25, 7/29/25, 7/30/25 and 7/31/25 on the night shift. On 7/15/25, 7/24/25, 7/26/25, 7/30/25, and 7/31/25 on the evening shift. On 7/26/25, 7/27/25, and 7/29/25 on the night shift. Bladder Continence on 7/15/25, 7/26/25, 7/30/25 and 7/31/25 on the day shift. On 7/15/25, 7/26/25, 7/27/25, and 7/29/25 on the evening shift. On 7/16/25, 7/28/25, 7/29/25, and 7/30/25 on the night shift. Bowel continence and movement on 7/15/25, 7/26/25, 7/30/25, and 7/31/25 on the day shift. On 7/15/25, 7/26/25, 7/27/25, and 7/29/25 on the evening shift. On 7/25/25, 7/28/25, 7/29/25, and 7/30/25 on the night shift. Preventative mattress on 7/26/25, 7/30/25, and 7/31/25 on the day shift. On 7/26/25, 7/27/25, and 7/29/25 on the evening shift. On 7/16/25, 7/23/25, 7/28/25, 7/29/25 and 7/30/25 on the night shift. Review of Resident #1's August 2025 Documentation Survey Report v2, a form included blank spaces indicating that the task, were not completed as follows: Personal hygiene on 8/2/25, 8/8/25, 8/9/25, 8/13/25, and 8/15/25 on the day shift, and 8/10/25 on the evening shift. On 8/1/25, 8/3/25, 8/11/25 and 8/14/25 on the night shift. Turn and reposition every 2 hours on 8/2/25, 8/4/25, 8/12/25, 8/15/25, and 8/19/25 on the day shift. On 8/2/25, 8/8/25, 8/9/25, 8/13/25 and 8/15/25 on the evening shift. On 8/1/25 and 8/10/25 on the night shift. Bladder Continence on 8/2/25, 8/8/25, 8/9/25, 8/13/25 and 8/15/25 on the day shift. On 8/1/25, and 8/10/25 on the evening shift. On 8/1/25, 8/3/25, 8/11/25 and 8/14/25 on the night shift. Bowel continence and movement on 8/2/25, 8/8/25, 8/9/25, 8/13/25, and 8/15/25 on the day shift. On 8/1/25, and 8/9/25 on the evening shift. On 8/1/25, 8/3/25, 8/11/25 and 8/14/25 on the night shift. Roll left and right on 8/2/25, 8/8/25, 8/9/25, 8/13/25, and 8/15/25 on the day shift. On 8/1/25, and 8/10/25 on the evening shift. On 8/1/25, 8/3/25, 8/11/25 and 8/14/25 on the night shift. Preventative mattress on 8/2/25, 8/8/25, 8/9/25, and 8/13/25 on the day shift. On 8/1/25, and 8/10/25 on the evening shift. On 8/1/25, 8/3/25, and 8/11/25 on the night shift. On 10/23/25 at 10:17 AM, an interview was conducted with the CNA who stated that the residents who were in bed and are incontinent of bowels and bladder are turned and positioned every 2 hours. The CNA further stated that the nurse provided a report to the CNAs identifying which residents were to be turned and positioned. On 10/23/25 at 2:33 PM, an interview was conducted with the Director of Nursing (DON), who stated, if it is not documented it is not done. The DON further stated that both the nurses and the CNAs were responsible for completing the ADL documentation, and that it was important to document that the care</p>		