STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315449	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alaris Health at West Orange	5 Brook End Drive West Orange, NJ 07052

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. Based on observation, interview and record review, it was determined that the facility failed to administer medication with an error rate of less than 5%. The surveyors observed 3 nurses administer medications for 5 residents with 25 opportunities for error. There were 6 errors resulting in an error rate of 24% as evidenced by the following: During the medication pass observation on 5/4/26 from 10:42 AM until 11:00 AM, the surveyor observed the following: At 10:42 AM, the surveyor observed Registered Nurse #1 (RN #1) prepare six medications for Resident #100, they were as follows: Aspirin chewable 81 mg (milligram) tablet, give one tablet by mouth one time a day; scheduled for 8:00 AM.Janumet 50/1000 mg tablet, give one tablet by mouth one time a day; scheduled for 9:00AM.Lisinopril 20 mg tablet, give one tablet one time a day; scheduled for 9:00 AM.Cardizem LA 180 mg tablet, give one tablet by mouth one time a day; scheduled for 9:00 AM. Metoprolol Tartrate 100 mg tablet, give two tablets by mouth one time a day; scheduled for 9:00 AM.Febuxostat 80mg tablet, give one tablet one time a day; scheduled for 9:00AM. A review of the Medication Admin Audit Report for 5/4/2026 revealed the six medications were given later than their scheduled administration time. The Administration times were as follows: Aspirin chewable 81 mg (milligram) tablet, scheduled for 8:00 AM and administered at 10:42 AM.Janumet 50/1000 mg tablet, scheduled for 9:00AM and administered at 10:47 AM.Lisinopril 20 mg tablet, scheduled for 9:00 AM and administered at 10:48 AM.Cardizem LA 180 mg tablet, scheduled at 9:00 AM and administered at 10:48 AM.Metoprolol Tartrate 100 mg tablet, scheduled for 9:00 AM and administered at 10:49 AM.Febuxostat 80mg tablet, scheduled 9:00 AM and administered at 10:50 AM. On 5/4/2026 at 10:50 AM, the surveyor interviewed RN #1 when the surveyor asked in the electronic Medical Record (eMR) what it meant for the screen orders to be highlighted in pink? RN #1 responded pink means the medications were overdue. She further stated she had an allowable time of up to one hour before and one hour after the scheduled administration time to give the medication. On 5/7/26 at 12:50 PM, the surveyor interviewed the Director of Nursing (DON) who stated that Resident #100's medications on 5/4/26 were considered administered late. She further stated nurses could give medications up to one hour before and one hour after their administration times and the physician must be notified. A review of the facility Medication Administration policy dated reviewed 1/28/26 included. It is the policy of this facility to ensure that Medication Administration and Documentation occurs in a timely and accurate manner. 2. Medications are to be administered within a two-hour time frame (i.e. one hour before or after the medication order time). NJAC 8:39-29.2(d)

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, it was determined that the facility failed to keep a safe, clean, and homelike environment for 1 of 3 floors reviewed for Environment. The deficient practice is evidenced by the following: On 05/05/2026 at 9:41 AM, during the initial tour of the facility, the surveyor observed inside-out disposable gloves left on top of a plastic bin outside of room [ROOM NUMBER]. On the same day at 9:44 AM behind the trash compactor, the surveyor observed multiple cigarette packages, a discarded wood pallet, and a sheet of metal. The items were located near the sewer basin. On the same day at 9:50 AM while in the second floor shower room, the surveyor observed an unwrapped incontinence brief hanging on the shower curtain. On 05/07/2026 at 12:38 PM, the surveyor informed the Licensed Nursing Home Administrator of the environmental findings. A review of the facility policy titled, Facility Environment revised on 01/2026 revealed that, Housekeeping and maintenance shall maintain a sanitary, orderly and comfortable environment. N.J.A.C. S 8:39-31.4 (a)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on observation, interview, review of the medical record, and review of other facility documentation, it was determined that the facility failed to revise a care plan when there was a change in the physician's orders for a wander guard for 1 of 4 residents sampled for mood and behavior (Resident #85).This deficient practice was evidenced by the following:On 05/04/2026 at 10:26 AM, during the initial tour, the surveyor observed Resident #85 pacing in the hallway.On 05/05/2026 at 9:47 AM, the surveyor observed Resident #85 pacing the hallway.A review of Resident #85's electronic medical record (EMR) revealed that the resident was admitted with, but not limited to, Alzheimer's Disease (a progressive brain disorder that affects memory, thinking, and behavior).A review of Resident #85's physician's orders revealed that the resident's wander guard was discontinued on 02/17/2026.A review of Resident #85's care plan revealed a focus for risk of leaving the facility unattended related to wandering behavior. The care plan noted the use of a wander guard on the right wrist, with an initiation date of 01/12/2026 and revised on 01/14/2026. Resident #85's care plan was not revised after the wander guard was discontinued on 02/17/2026.During an interview on 05/06/2026 at 10:41 AM with the surveyor, the third-floor registered nurse unit manager (RNUM) said that care plans are updated anytime there is a change in the resident's care or treatment. When asked if Resident #85 should be care planned for a wander guard, the RNUM said no; it should have been discontinued because the resident doesn't exit-seek.During an interview on 05/07/2026 at 12:37 PM with the surveyor, the Director of Nursing (DON) said that care plans are revised on re-admission, quarterly, and anytime there is a change in the care plan. The DON also said it is important that care plans are accurate to ensure they are following the appropriate plan of care.A review of a facility-provided policy titled, Care Plans, Comprehensive Person-Centered, revealed: 13. Assessments of residents are ongoing, and care plan revised as information about the residents and the residents' conditions change.NJAC 8:39-11.2(i)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, review of closed medical records and review of other facility documentation, it was determined that the facility failed to consistently provide a resident with pressure ulcers the necessary treatment and services consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcer development for 1 of 2 residents reviewed for hospitalization (Resident #4). The evidence was as follows:On 5/5/2026 at 10:36 AM, the surveyor reviewed the closed electronic medical record (EMR) for Resident #4 who had been discharged from the facility. A review of the admission Record (an admission summary) reflected that Resident #4 was admitted to the facility with diagnoses that included but were not limited to pressure ulcer of the sacral region, stage 4 (a severe, full-thickness wound exposing muscle, tendon or bone that carry high risk of infections, severe pain and long healing times, ranging from months to years, muscle weakness, type 2 diabetes mellitus, and local infection of the skin and subcutaneous tissue). A review of the Minimum Data Set (MDS), an assessment tool, revealed a Significant Change in Status assessment dated [DATE] where Resident #4's staff indicated the resident had both short-term and long-term memory problems and had severely impaired decision making skills. A further review revealed the resident had had an upper extremity impairment on one side and had lower extremity impairments on both sides, used a wheelchair for mobility and was always incontinent of both bowel and bladder. A review of the section M skin conditions reveled Resident #4 was a risk for developing pressure ulcers and had unhealed pressure ulcers or injuries, one Stage 4 pressure ulcer and one unstageable pressure ulcer (a severe, full thickness wound where the base is completely obscured by necrotic or hardened tissue and the depth cannot be visualized). The skin and ulcer/injury treatment would include a pressure reducing device for the bed and chair, pressure ulcer or injury care as well as nutrition or hydration intervention to manage skin problems. A review of the Order Summary Report for the period of 1/1/2026 through 5/31/2026 included the following physician's orders: Dakins (1/4 strength) external solution 0.125 % (sodium hypochlorite) Apply to sacral wound topically every day and evening shift for wound care. Santyl ointment 250 unit/GM (collagenase) apply to sacral wound topically every day and evening shift for wound care cleanse with saline, pat dry, apply Santyl, pack with gauze, apply dry dressing. A review of the Treatment Administration Record (TAR) for the month of February 2026 reflected blank boxes on the following dates and times: Dakins (1/4 strength) solution:Day shift: 2/18/26, 2/23/26Evening shift: 2/15/26, 2/16/26, 2/17/26, 2/21/26, 2/26/26 Santyl ointment:Day shift: 2/18/26, 2/23/26, 2/24/26Evening shift: 2/15/26, 2/16/26, 2/17/26, 2/21/26 On 5/7/2026 at 9:19 AM, the surveyor interviewed the Registered Nurse Unit Manager (RN/UM) for the second floor. The RN/UM stated there should be no blank boxes on the TAR. Blank boxes indicated the nurse had forgotten to sign for the treatment at the end of their shift. When asked how someone could be sure the treatment had been completed, she acknowledged there was no way to be sure unless the box had been marked as completed. On 5/7/2026 the surveyor interviewed the Director of Nursing (DON) who stated blanks in the TAR meant the nurse did not sign that the treatment had been completed. The DON further stated the nurses should be signing the TAR after completing each treatment. A review of the Policy, Procedure and Information Physician's orders policy dated last reviewed 2/5/26 included Purpose: To ensure that the plan of care is followed in accordance with the orders established by the physician and/or nurse practitioner.Treatment orders: All treatments should include the treatment to be used and location of where the treatment should be placed, frequency and if appropriate, how the area should be cleaned and how it should be covered. Reason for the treatment required (diagnosis). This will be reflected on the Treatment Administration Record (TAR). A review of the facility Wound Management Program Policy dated reviewed 1/2026 included The facility's goal is to prevent the occurrence of skin breakdown. Initiate immediate treatment when skin breakdown occurs, prevent infection and promote healing. Stage IV: c. Administer appropriate wound treatment as per MD orders. NJAC 8:39-27.1 (e)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interviews, and review of pertinent facility documents, it was determined that the facility failed to a.) follow appropriate infection control practices and perform hand hygiene as indicated during Medication Pass observation. This deficient practice was identified for 1 of 5 residents reviewed for medication pass (Resident # 100).This deficient practice was evidenced by the following:On 5/04/2026 from 10:42 AM through 11:00 AM, the surveyor during Medication Pass observation of Registered Nurse #1 (RN #1) made the following observations:RN #1 was standing in front of the medication cart while she prepared medication for Resident #100. The surveyor did not see RN #1 perform any type of hand hygiene. During the pouring of the medication RN #1 removed a bottle of aspirin 81mg (milligram) tablets from the medication cart, RN #1 stated she was unable to read the expiration date on the bottle because it had been rubbed away. RN #1 stated she would have to retrieve another bottle from the medication room. When RN #1 returned to the cart she proceeded to open the bottle without using alcohol-based hand rub (ABHR) or donning (putting on) gloves. She then proceeded to remove the safety seal on the bottle, reach her finger into the bottle and removed the packing cotton from inside the bottle. After removing the cotton, she poured the dose of aspirin into the medicine cup, then reached down to the covered trash can affixed to the medication cart and touched the top of the can to open it and then dropped the seal and the cotton into the trash, then again touched the top of the trash can to close the lid. Once the lid was closed, she continued to pour the five available remaining medications into the medication cup and again without performing hand hygiene administered to Resident #100 their medications.Upon returning to the medication cart, the surveyor interviewed RN #1 and asked how should she have removed the seal and cotton from the new aspirin bottle? She replied she should have used a gloved hand to remove the seal and the cotton. She further acknowledged she should have used ABHR to clean her hands after touching the trash can lid. On 5/6/2026 at 11:34 AM, the surveyor interviewed the second floor Registered Nurse Unit Manager (RNUM #1) who stated RN #1 should have sanitized her hands and put on gloves to open the aspirin bottle and used tweezers to remove the cotton, then after removing the gloves she should either wash her hands or use ABHR.On 5/7/26 at 11:27 AM, the surveyor interviewed the Registered Nurse Infection Preventionist (IP) who stated RN #1 should have performed some sort of hand hygiene such as washing her hands or using ABHR and put on gloves before she attempted to open the aspirin bottle and remove the seal and the cotton. After removing the gloves, she should have again performed hand hygiene either washing her hands or using ABHR before pouring the additional medications.On 5/7/2026 at 12:50 PM, the surveyor interviewed the Director of Nursing (DON) who stated RN #1 should have performed hand hygiene before touching the aspirin bottle and donned gloves before removing the seal and the cotton, and if the RN #1 had touched the trash she should have removed her gloves and performed hand hygiene. A review of the facility Hand Washing/Waterless Hand Washing policy dated last reviewed 1/1/2026 included.Hand washing performed effectively by all personnel is essential for the prevention and control of infection.An alcohol based hand rub system is located in various places in the facility and resident care units to prevent spread of infection and designed to be utilized when water is unavailable/inconvenient. the waterless hand rinse system may be used 4-5 times before washing hands with soap and water.A review of the facility Medication Administration Policy dated reviewed 1/28/26 included Infection Control protocols must be maintained at all times. 5. Washes hands at beginning of medication pass and in between each resident, using soap and water or alcohol-based cleanser.13. Maintains medical aseptic technique.washes hands at appropriate intervals using hand sanitizer or hand wipes, whenever contamination is suspected. NJAC 8:39 - 19.4 (a); 27.1 (a)