

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/05/2024
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NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE	STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE KEARNY, NJ 07032
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F 000	<p>INITIAL COMMENTS</p> <p>Complaint #: NJ 165484, NJ 168458, NJ 173095, NJ 173654, NJ 178621, NJ 178654, NJ 179132, NJ 179373, NJ 179453, NJ 179852.</p> <p>Survey Dates: 12/02/24 through 12/05/24.</p> <p>Survey Census: 88</p> <p>Sample Size: 31</p> <p>A Recertification and Complaint Survey was conducted by Healthcare Management Solutions, LLC on behalf of New Jersey Department of Health (NJDOH) 12/02/24 through 12/05/24, to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities.</p> <p>During the survey a finding which constituted an Immediate Jeopardy (IJ) was identified under 42 CFR 483.25(i) F 695 as the facility failed to ensure there was emergency ^{NJ Ex Order 26.4(b)(1)} equipment for a resident with a ^{NJ Ex Order 26.4(b)(1)}) at the bedside and readily available for use and ensure staff were trained to use the emergency ^{NJ Ex Order 26.4(b)(1)} equipment for one (1) of (1) resident (Resident #86) reviewed with a tracheostomy.</p> <p>Resident #86 was admitted to the facility on ^{NJ Ex Order 26.4(b)}, and had a ^{NJ Ex Order 26.4(b)(1)} Observation and interviews during the survey revealed that emergency ^{NJ Ex Order 26.4(b)(1)} supplies were not being kept at the bedside and readily available for use. There was only one ^{NJ Ex Order 26.4(b)} ^{NJ Ex Order 26.4(b)(1)}</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/27/2024
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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.

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F 000	<p>Continued From page 1</p> <p>NJ Ex Order 26.4(b) in Resident #86's room with no extra ones in the storage room. The primary nurses responsible for the care of Resident #86 did not know what an NJ Ex Order 26.4(b) looked like or what it was to be used for.</p> <p>The facility's failure to ensure there was emergency equipment at the resident's bedside and readily available and failure to ensure staff were trained to use emergency NJ Ex Order 26.4(b)(1) equipment placed the resident at risk for serious harm, serious impairment, or death. This resulted in an Immediate Jeopardy (IJ) Situation which was identified on 12/03/24.</p> <p>The facility's U.S. FOIA (b) (6), U.S. FOIA (b) (6), U.S. FOIA (b) (6), and U.S. FOIA (b) (6) were notified of the IJ and provided with the IJ template on 12/03/24 at 8:00 PM.</p> <p>An acceptable Removal Plan (RP) was received on 12/04/24 at 3:40 PM, indicating the action the facility will take to prevent serious harm from occurring or reoccurring. The facility implemented a corrective action plan to remediate the deficient practice which included: all nurses, including new hires, will be educated on tracheostomy care, emergency tracheostomy care, and identifying supplies needed with competency and return demonstration prior to the start of their next shift; a nursing supervisor will check the supplies in Resident #86's room every shift to assure all required supplies are present in the room; central supply will maintain weekly inventory of tracheostomy supplies; and the DON will assure tracheostomy supplies are available prior to admission.</p>	F 000			

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F 000	Continued From page 2 The survey team verified the implementation of the RP during the continuation of the on-site survey on 12/05/24 at 9:45 AM.	F 000			
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance	F 578		1/7/25	

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F 578	<p>Continued From page 3 with State law.</p> <p>(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, interview, and facility policy review, the facility failed to update a resident's NJ Ex Order 26.4(b)(1) in the medical record after the resident decided to change it from NJ Ex Order 26.4(b)(1) to a NJ Ex Order 26.4(b)(1) for one of nine residents (Resident (R) 66) reviewed for advanced directives of 31 sample residents. Failure to accurately record a resident's NJ Ex Order 26.4(b)(1) in the medical record had the potential to result in the resident receiving NJ Ex Order 26.4(b)(1) against their wishes.</p> <p>Findings include:</p> <p>Review of R66's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Ex Order 26.4(b)(1) located under the "MDS" tab of the EMR revealed a "Brief Interview for Mental Status (BIMS)" score of NJ Ex Order 26.4(b)(1) out of 15 which indicated the resident's cognition was NJ Ex Order 26.4(b)(1). Diagnoses as listed under the "Diagnosis" tab of the EMR revealed a personal history of NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>During an interview on 12/04/24 at 3:01 PM, the resident was asked if they were to be found by staff without any NJ Ex Order 26.4(b)(1) would the resident</p>	F 578	<p>Resident #66 medical records were immediately updated to reflect NJ Ex Order 26.4(b)(1) order</p> <p>All residents with Advance Directives could have the potential to be affected.</p> <p>U.S. FOIA (b) (6) and licensed nursing staff were in-serviced by Administrator or designee on updating Medical Records and Physician Orders with any changes with Advance Directives/POLST.</p> <p>Director of Social Services will present Advance Directive/POLST updates to team during Morning meeting on a daily basis and nursing will ensure orders are updated accordingly.</p> <p>Director Of Nursing will conduct audits on a sample of 10 residents per month to ensure that medical records reflect the most updated Advance Directive orders.</p> <p>Director of Social Services or designee will review all resident medical records to ensure Advance Directives are updated weekly for 3 months then monthly thereafter. Results of these audits will be provided to the Administrator on a monthly</p>		

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F 578	<p>Continued From page 4</p> <p>NJ Ex Order 26.4(b)(1). R66 stated that someone had just asked them that the other day and told the person who asked the resident that they would not NJ Ex Order 26.4(b)(1). R66 could not remember who asked them the question.</p> <p>Review of R66's electronic medical record (EMR) "Physician's Order" dated NJ Ex Order 26.4(b) and located under the "Orders: tab revealed a NJ Ex Order 26.4b and located on the dashboard.</p> <p>Review of the miscellaneous section located under the "Misc" section of the EMR revealed there was no NJ Ex Order 26.4(b)(1) or documentation of R66 being informed of the resident's right to formulate NJ Ex Order 26.4(b)(1)</p> <p>Review of a social service progress note dated NJ Ex Order 26.4(b) and timed 10:16 PM and located in the "Progress note" tab of the EMR revealed the resident wanted to NJ Ex Order 26.4(b)(1).</p> <p>Review of a document titled, "New Jersey Practitioner orders for NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)" revealed it was signed by R66 and R66's physician with the date of NJ Ex Order 26.4(b). Under the section of the form labeled NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)" was checked.</p> <p>During an interview on 12/04/24 at 2:15 PM, Licensed Practical Nurse (LPN) 2 was asked about R66's NJ Ex Ord status. After checking the cover/spine of the hard chart and the dashboard located at the top of the EMR screen and physician's order located under the "orders" tab in the EMR she stated the resident was NJ Ex Order 26.4(b)(1)</p>	F 578	<p>basis.</p> <p>Director of Nursing and Director of Social Services will report results of all audits at the quarterly QAPI meeting for the next 2 quarters. Evaluation by the committee to determine continuing frequency of audits.</p>	

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F 578	<p>Continued From page 5</p> <p>therefore she would NJ Ex Order 26.4(b)(1)) and continue it until the emergency medical services arrived.</p> <p>During an interview on 12/04/24 at 2:35 PM, the document and the information posted in the EMR, and paper chart was reviewed with the U.S. FOIA (b)), and she verified the NJ Ex Order 26.4(b) dated NJ Ex Order 26.4(b) and stated R66 was a NJ Ex Order 26.4(b)(1) and the chart was documented to indicate the resident was NJ Ex Order 26.4(b)(1).</p> <p>During an interview on 12/04/24 at 3:37 PM, the U.S. FOIA and the U.S. FOIA (b) (6) stated that after they investigated it, they discovered the date of NJ Ex Order 26.4(b) was written in error and should have been NJ Ex Order 26.4(b). The U.S. FOIA stated the part-time U.S. FOIA (b) (6) spoke to the resident around 5:00 PM on NJ Ex Order 26.4(b). R66 stated they did not want NJ Ex Order 26.4(b) if they were to be NJ Ex Order 26.4(b)(1) and signed the NJ Ex Order 26.4(b) stating they wanted to NJ Ex Order 26.4(b)(1). The U.S. FOIA stated the physician was at the facility that evening and signed the form. The U.S. FOIA stated the U.S. FOIA (b) (6) called the resident's son prior to the resident signing the form and stated he was good with it if it was what his NJ Ex Order 26.4(b) wanted. Both the U.S. FOIA and the U.S. FOIA (b) (6) verified that a new order should have been written and the paper chart and the EMR should have been changed to reflect the residents' wishes to NJ Ex Order 26.4(b)(1).</p> <p>Review of the facility's policy titled, "Advanced Directive" with a revised date of 01/24, revealed it was the facility's policy to establish and maintain a system for residents to formulate an advanced directive, and to accept or refuse medical or surgical treatment. According to the policy the health care decision documents would be filed in</p>	F 578			

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F 578	Continued From page 6 the medical record under the advanced directive tab and charts would be flagged on the front cover to signify the existence of such documents.	F 578			
F 623 SS=E	NJAC 8:39-9.6(b)(e)(g) Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of	F 623		1/7/25	

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F 623	Continued From page 7 this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and	F 623			

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F 623	<p>Continued From page 8</p> <p>email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(k). This REQUIREMENT is not met as evidenced by: Based on record review, interview, and facility policy review, the facility failed to ensure residents were provided with written NJ Ex Order 26.4(b)(1) notice that contained the option to appeal the NJ Ex Order 26.4(b)(1) for nine of nine residents and their representatives (Resident (R) 21, R27, R75, R9, R60, R69, R71, R91, and R86) reviewed for facility initiated NJ Ex Order 26.4(b)(1) of 31 sample residents.. This failure had the potential to affect the residents and their Resident Representative (RR) by not having the knowledge of where and why a resident was NJ Ex Order 26.4(b)(1) and/or how to appeal NJ Ex Order 26.4(b)(1), if desired.</p>	F 623	<p>The Emergency NJ Ex Order 26.4(b)(1) Notice letter was updated to include the appeal information required before NJ Ex Order 26.4(b)(1).</p> <p>Residents R21, R27, R75, R9, R60, R69, R71, R91, R86 were previously provided an Emergency Letter of NJ Ex Order 26.4(b)(1) prior to their discharge. All residents have returned from their NJ Ex Order 26.4(b)(1) stay.</p> <p>All residents discharged/transferred to the hospital have the potential to be affected.</p>		

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F 623	<p>Continued From page 9</p> <p>Findings include:</p> <p>Review of the "Notice of Emergency" ^{NJ Ex Order 26.4(b)} form provided by the ^{U.S. FOIA (b) (6)} supplied to the residents/representatives during a ^{NJ Ex Order 26.4} to the hospital did not indicate the appeal information such as the appeal contact name, telephone number, or address.</p> <p>1. Review of R21's "Admission Record" located in the electronic medical record (EMR) under the "Resident" tab indicated R21 was originally admitted to the facility on ^{NJ Ex Order 26.4(b)} and re-admitted on ^{NJ Ex Order 26.4(b)}</p> <p>Review of R21's "Discharge Assessment" with an Assessment Reference Date (ARD) of ^{NJ Ex Order 26.4(b)} located under the "MDS (Minimum Data Set)" tab indicated that R21 had an ^{NJ Ex Order 26.4(b)(1)} from the facility on ^{NJ Ex Order 26.4(b)} to a ^{NJ Ex Order 26.4(b)(1)}</p> <p>Review of R21's "Notice of Emergency" ^{NJ Ex Order 26.4(b)} dated ^{NJ Ex Order 26.4(b)} and provided by the facility, indicated that the resident was ^{NJ Ex Order 26.4(b)(1)} from ^{NJ Ex Order 26.4(b)(1)} to a ^{NJ Ex Order 26.4} for ^{NJ Ex Order 26.4(b)(1)} And " ...If the resident or his/her representative disagree with this ^{NJ Ex Order 26.4(b)} the resident and/or representative may contact the following entity: NJ (New Jersey) ^{U.S. FOIA (b) (6)} ...Note to facility staff: A copy of this notice must be provided to the resident/resident representative, as well as to the Office of the ^{U.S. FOIA (b) (6)} (via the fax number listed above), with confirmation of fax transmission placed in the resident's chart."</p> <p>2. Review of R27's undated "Admission Record"</p>	F 623	<p>The Emergency ^{NJ Ex Order 26.4(b)} Notice letter was revised by the Administrator to include more detailed appeal information.</p> <p>The Administrator inserviced the ^{U.S. FOIA (b) (6)} and all facility social workers on the regulatory requirements for the appeal information for Emergency Transfer Notification (ETN) to the resident, the resident's representative and the NJ Long Term Care Ombudsman's office.</p> <p>The Social Service Director will submit the Emergency Transfer Notifications to the Administrator on a monthly basis to assure the appeal information is in the letter. Administrator will audit this on a monthly basis.</p> <p>The Director of Social Services will review the findings of the monthly audits at the Quarterly QAPI Meeting for the next 2 quarters. Evaluation by the committee to determine continuing frequency of audits.</p>	

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F 623	<p>Continued From page 10</p> <p>located in the EMR under the "Resident" tab indicated R27 was originally admitted to the facility on [redacted] and re-admitted on [redacted].</p> <p>Review of R27's [redacted] "Assessment" with an ARD of [redacted] located under the "MDS" tab indicated that R27 had an [redacted] from the facility on [redacted] to a [redacted].</p> <p>Review of R27's "Notice of Emergency" [redacted] dated [redacted] and provided by the facility, indicated that the resident was [redacted] the facility [redacted] for [redacted] " ...If the resident or his/her representative disagree with this transfer, the resident and/or representative may contact the following entity: NJ [redacted] U.S. FOIA (b) (6) ...Note to facility staff: A copy of this notice must be provided to the resident/resident representative, as well as to the Office of the [redacted] U.S. FOIA (b) (6) (via the fax number listed above), with confirmation of fax transmission placed in the resident's chart."</p> <p>3. Review of R75's undated "Admission Record" located in the EMR under the "Resident" tab indicated R75 was originally admitted to the facility on [redacted] and re-admitted on [redacted].</p> <p>Review of R75's "MDS" tab did not include a [redacted] "Assessment" dated [redacted].</p> <p>Review of R75's "Notice of Emergency" [redacted] dated [redacted] and provided by the facility, indicated that the resident was [redacted] the facility to [redacted] for evaluation [redacted] " ...If the resident or his/her representative disagree with this [redacted] the resident and/or representative may contact the following entity:</p>	F 623		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/05/2024	
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F 623	<p>Continued From page 11</p> <p>NJ U.S. FOIA (b) (6) ...Note to facility staff: A copy of this notice must be provided to the resident/resident representative, as well as to the Office of the U.S. FOIA (b) (6) (via the fax number listed above), with confirmation of fax transmission placed in the resident's chart."</p> <p>4. Review of R9's "Census" tab located in the EMR revealed R9 was originally admitted to the facility on NJ Ex Order 26.4(b).</p> <p>Review of the discharge "MDS" with an ARD of NJ Ex Order 26.4(b) located in the "MDS" tab in the EMR revealed R9 was discharged with an anticipated return.</p> <p>Review of the "Progress Note," dated NJ Ex Order 26.4(b) and located under the "Prog Note" tab in the EMR, revealed R9 was NJ Ex Order 26.4(b)(1) due to NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). The transfer form provided to the resident/representative did not indicate the appeal contact name, telephone number, or address.</p> <p>5. Review of R60's "Census" tab located in the EMR revealed R60 was originally admitted to the facility on NJ Ex Order 26.4(b).</p> <p>Review of the discharge "MDS" with an ARD of NJ Ex Order 26.4(b) located in the "MDS" tab in the EMR revealed R60 was discharged with an anticipated return.</p> <p>Review of the "Progress Note," dated NJ Ex Order 26.4(b) and located under the "Prog Note" tab in the EMR, revealed R60 was NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1) and for NJ Ex Order 26.4(b)(1). The NJ Ex Order 26.4(b) form provided to the</p>	F 623		

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F 623	<p>Continued From page 12</p> <p>resident/representative did not indicate the appeal contact name, telephone number, or address.</p> <p>6. Review of R69's "Census" tab located in the EMR revealed R69 was originally admitted to the facility on [redacted].</p> <p>Review of the discharge "MDS" with an ARD of [redacted] located in the "MDS" tab in the EMR revealed R69 was discharged with an anticipated return.</p> <p>Review of the "Progress Note," dated [redacted] and located under the "Prog Note" tab in the EMR revealed R69 was [redacted] for [redacted] and [redacted]. The transfer form provided to the resident/representative did not indicate the appeal contact name, telephone number, or address.</p> <p>7. Review of R71's interdisciplinary (IDT) progress notes located in the "progress notes" tab of the EMR revealed a note, dated [redacted] and timed 11:49 AM, which revealed the resident was [redacted] because of [redacted] and [redacted].</p> <p>Review of a nurse's note located in the "progress notes" tab of the EMR, dated [redacted] and timed 4:09 AM, revealed the [redacted] was called and [redacted] was [redacted] with a diagnosis of [redacted].</p> <p>Review of an IDT note located in the "Progress Notes" tab of the EMR, dated [redacted] and timed 10:27 PM, revealed the resident was readmitted to the facility. Review of the discharge notice revealed [redacted] was issued a "Notice of Emergency</p>	F 623			

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F 623	<p>Continued From page 13</p> <p>NJ Ex Order 26.4(b) on NJ Ex Order 26.4(b).</p> <p>Review of the issued document titled, "Notice of Emergency NJ Ex Order 26.4(b)" dated NJ Ex Order 26.4(b) and provided by the facility, revealed the document did not include a statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request.</p> <p>8. Review of R91's nurses note located in the "progress notes" tab of the EMR, dated NJ Ex Order 26.4(b) and timed 10:28 PM, revealed the resident was admitted to the hospital with a diagnosis of NJ Ex Order 26.4(b).</p> <p>Review of an IDT note located in the "Progress Notes" tab of the EMR, dated NJ Ex Order 26.4(b) and timed 4:33 PM, revealed NJ Ex was re-admitted to the facility from NJ Ex Order 26.4(b)(1) at 4:30 PM.</p> <p>Review of the document titled "Notice of Emergency NJ Ex Order 26.4(b)" dated NJ Ex Order 26.4(b) and provided by the facility, revealed the document did not include a statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request.</p> <p>9. Review of R86's nurse's note located in the "Progress Notes" tab of the EMR, dated NJ Ex Order 26.4(b) and timed 9:45 AM, revealed the resident was NJ Ex Order 26.4(b)(1) because of NJ Ex Order 26.4(b)(1).</p>	F 623			

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F 623	<p>Continued From page 14</p> <p>[REDACTED]</p> <p>Review of a nurse's note located in the "Progress Notes" tab of the EMR, dated [REDACTED] and timed 3:15 PM, revealed R86 was [REDACTED] with [REDACTED].</p> <p>Review of an IDT note located in the "Progress Notes" tab of the EMR, dated [REDACTED] and timed 3:04 AM, revealed R86 was readmitted to the facility.</p> <p>Review of an IDT note located in the "Progress Notes" tab of the EMR, dated [REDACTED] and timed 9:28 PM, revealed the resident was [REDACTED] due to having [REDACTED] when R86's [REDACTED] was [REDACTED].</p> <p>Review of an IDT note located in the "Progress Notes" tab of the EMR, dated [REDACTED] and timed 5:50 PM, revealed R86 returned to the facility from [REDACTED].</p> <p>Review of the document titled "Notice of [REDACTED] Transfer," dated [REDACTED] and [REDACTED] and provided by the facility, revealed the document did not include a statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request.</p> <p>During an interview on 12/04/24 at 2:30 PM, the U.S. FOIA (b) (6) [REDACTED] stated she was the person who issued the [REDACTED] notices. She verified it did not include a statement of the resident's appeal rights, including the name,</p>	F 623		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2025
FORM APPROVED
OMB NO. 0938-0391

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F 623	<p>Continued From page 15</p> <p>address (mailing and email), and telephone number of the entity which received such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request. She stated she was told to use these forms for the [NJ Ex Order 26.4(b)(1)] notices and was not aware of the appeal's right information.</p> <p>During an interview on 12/5/24 at 5:06 PM, the [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] stated they felt the facility was meeting the requirement because the residents were given the bed hold policy upon admission and since they were [NJ Ex Order 26.4(b)(1)], and because the residents are always allowed [NJ Ex] to the facility, they did not need to include the statement. They stated the [NJ Ex Order 26.4(b)(1)] notice they were using was printed from the New Jersey (NJ) web site and was what NJ Department of Health required the facility to send to the resident or the responsible party. They provided the information from the website and provided the documents on the State web site. The paper printed off the web site and titled [U.S. FOIA (b) (6)] "Guidance on Emergency [NJ Ex Order 26.4(b)(1)] Notification Requirements" number four of the document stated the notice must contain "Contact information for the NJ [U.S. FOIA (b)(6)] and other entities referred to in the Content Notice as stated in the CMS [Centers for Medicare and Medicaid Services] regulations."</p> <p>Review of the facility's policy titled, "Discharge/Transfers," dated 01/23, indicated " ...It is the policy of this facility to provide guidelines for the discharge/transfer process ...The facility will safely discharge/transfer a</p>	F 623			

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F 623	Continued From page 16 resident/patient based on what is appropriate to the resident/patient's welfare and needs ..." The policy did not include information related to the contents of the transfer/discharge documents.	F 623			
F 625 SS=E	NJAC 8:39-4.1(a)31 Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced	F 625		1/7/25	

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F 625	<p>Continued From page 17</p> <p>by:</p> <p>Based on record review, interview, and facility policy review, the facility failed to ensure residents were provided with a written bed hold notice which included the cost per day information for the resident/representative to have informed consent for nine of nine residents and their representatives (Resident (R) 21, R27, R75, R9, R60, R69, R71, R91, and R86) reviewed for facility initiated emergency NJ Ex Order 26.4(b)(1) of 31 sample residents. This failure had the potential for the residents to be denied return to their original room or denial of the resident returning to the facility.</p> <p>Findings include:</p> <p>1. Review of R21's undated "Admission Record" located in the electronic medical record (EMR) under the "Resident" tab indicated R21 was originally admitted to the facility on NJ Ex Order 26.4(b) and re-admitted on NJ Ex Order 26.4(b).</p> <p>Review of R21's "Discharge Assessment" with Assessment Reference Date (ARD) of NJ Ex Order 26.4(b) located in the EMR under the "MDS (Minimum Data Set)" tab indicated that R21 had an NJ Ex Order 26.4(b)(1) from the facility on NJ Ex Order 26.4(b) to NJ Ex Order 26.4(b)(1).</p> <p>Review of R21's untitled document dated NJ Ex Order 26.4(b) and provided by the facility stated, "This letter is to inform you that [Facility Name] will hold your bed for 10 days. In accordance with Medicaid guidelines, the bed will be held starting on the day of discharge. If you or your family member have any concerns, please contact me at 201-978-8160 ..."</p>	F 625	<p>Bed hold letter was revised reflecting cost for services for future issued bed hold letters.</p> <p>No corrective measures were done for residents R21, R27, R75, R9, R60, R69, R71, R91 and R86 as residents were issued bed hold letters and have already returned to the facility from their acute care stay.</p> <p>All residents issued bed hold letters has the potential to be affected.</p> <p>U.S. FOIA (b) (6) was in serviced by Administrator on the revised bed hold letter that now includes the bed hold cost.</p> <p>Director of Admission will present all future acute discharged residents and/or responsible parties with the revised bed hold letter.</p> <p>The Administrator will audit 5 residents weekly to ensure the revised letter reflecting bed hold cost was issued.</p> <p>Director of Admissions or designee will review all issued bed hold letters weekly for 3 months then monthly. Results of these audits will be provided to the Administrator on a monthly basis.</p> <p>All findings will be reported and reviewed monthly and reported quarterly during the QAPI meeting for the next 2 quarters by Director of Admission or designee to the QAPI committee. Evaluation by the</p>		

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F 625	<p>Continued From page 18</p> <p>2. Review of R27's undated "Admission Record" located in the EMR under the "Resident" tab indicated R27 was originally admitted to the facility on [redacted] and re-admitted on [redacted].</p> <p>Review of R27's "Discharge Assessment" with an ARD of [redacted] located in the EMR under the "MDS" tab indicated that R27 had an [redacted] from the facility on [redacted] to [redacted].</p> <p>Review of R27's untitled document dated [redacted] and provided by the facility stated, "This letter is to inform you that [Facility Name] will hold your bed for 10 days. In accordance with Medicaid guidelines, the bed will be held starting on the day of [redacted] If you or your family member have any concerns, please contact me at 201-978-8160 ..."</p> <p>3. Review of R75's undated "Admission Record" located in the EMR under the "Resident" tab indicated R75 was originally admitted to the facility on [redacted] and re-admitted on [redacted].</p> <p>Review of R75's EMR under the "MDS" tab did not include a [redacted] Assessment" dated [redacted].</p> <p>Review of R75's untitled document dated [redacted] and provided by the facility stated, "This letter is to inform you that [Facility Name] will hold your bed for 10 days. In accordance with Medicaid guidelines, the bed will be held starting on the day of [redacted] If you or your family member have any concerns, please contact me at 201-978-8160 ..."</p> <p>4. Review of R9's "Census" tab located in the</p>	F 625	committee to determine continuing frequency of audits.		

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F 625	<p>Continued From page 19</p> <p>electronic medical record (EMR) revealed R9 was originally admitted to the facility on [REDACTED].</p> <p>Review of the discharge "MDS" with an ARD of [REDACTED] located in the "MDS" tab in the EMR revealed R9 was NJ Ex Order 26.4(b)(1) [REDACTED].</p> <p>Review of the "Progress Note," dated [REDACTED] and located under the "Prog Note" tab in the EMR revealed R9 was transferred to [REDACTED] due to [REDACTED] and [REDACTED]. The bed hold form provided to the resident/representative indicated the length of the bed hold, but did not indicate the price for each day of the bed hold.</p> <p>5. Review of R60's "Census" tab located in the EMR revealed R60 was originally admitted to the facility on [REDACTED].</p> <p>Review of the discharge "MDS" with an ARD of [REDACTED] located in the "MDS" tab in the EMR revealed R60 was NJ Ex Order 26.4(b)(1) [REDACTED].</p> <p>Review of the "Progress Note," dated [REDACTED] and located under the "Prog Note" tab in the EMR revealed R60 was transferred to [REDACTED] for [REDACTED] and for NJ Ex Order 26.4(b)(1) [REDACTED]. The bed hold form provided to the resident/representative indicated the length of the bed hold, but did not indicate the price for each day of the bed hold.</p> <p>6. Review of R69's "Census" tab located in the EMR revealed R69 was originally admitted to the facility on [REDACTED].</p>	F 625			

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F 625	<p>Continued From page 20</p> <p>Review of the discharge "MDS" with an ARD of [redacted] located in the "MDS" tab in the EMR revealed R69 was NJ Ex Order 26.4(b)(1) [redacted]</p> <p>Review of the "Progress Note," dated [redacted] and located under the "Prog Note" tab in the EMR revealed R69 was transferred to [redacted] for NJ Ex Order 26.4(b)(1) and [redacted]. The bed hold form provided to the resident/representative indicated the length of the bed hold, but did not indicate the price for each day of the bed hold.</p> <p>7. Review of R71's interdisciplinary (IDT) progress notes located in the "progress notes" tab of the EMR revealed a note, dated [redacted] and timed 11:49 AM, which revealed the resident was transferred to [redacted] because of [redacted] and [redacted].</p> <p>Review of a nurse's note located in the "progress notes" tab of the EMR, dated [redacted] and timed 4:09 AM, revealed [redacted] was called and R71 was admitted to [redacted] with a diagnosis of NJ Ex Order 26.4(b)(1).</p> <p>Review of an IDT note located in the "Progress Notes" tab of the EMR, dated [redacted] and timed 10:27 PM, revealed the resident was readmitted to the facility. Review of the [redacted] notice revealed [redacted] was issued a "Notice of Emergency" on [redacted].</p> <p>Review of the issued undated document titled, "[Facility Name]," provided by the facility, revealed the resident's bed would be held for 10 days. The notice was absent for the reserve bed payment policy in the state plan as required.</p>	F 625			

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F 625	<p>Continued From page 21</p> <p>8. Review of R91's nurses note located in the "progress notes" tab of the EMR, dated [redacted] and timed 10:28 PM, revealed the resident was admitted to [redacted] with a diagnosis of [redacted].</p> <p>Review of an IDT note located in the "Progress Notes" tab of the EMR, dated [redacted] and timed 4:33 PM, revealed R91 was re-admitted to the facility [redacted] at 4:30 PM.</p> <p>Review of the paper discharge notices, provided by the facility, revealed [redacted] was issued a bed hold notice on [redacted]. Review of the issued document titled, "[Facility Name]" dated [redacted] and provided by the facility, revealed the resident's bed would be held for 10 days. The notice was absent for the reserve bed payment policy in the state plan as required.</p> <p>9. Review of R86's nurse's note located in the "Progress Notes" tab of the EMR, dated [redacted] and timed 9:45 AM, revealed the resident was [redacted] because of [redacted].</p> <p>Review of a nurse's note located in the "Progress Notes" tab of the EMR, dated [redacted] and timed 3:15 PM, revealed R86 was [redacted] with [redacted].</p> <p>Review of an IDT note located in the "Progress Notes" tab of the EMR, dated [redacted] and timed 3:04 AM, revealed R86 was readmitted to the facility.</p> <p>Review of an IDT note located in the "Progress Notes" tab of the EMR, dated [redacted] and timed [redacted]</p>	F 625			

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F 625	<p>Continued From page 22</p> <p>9:28 PM, revealed the resident was [redacted] due to having [redacted] when [redacted]</p> <p>Review of an IDT note located in the "Progress Notes" tab of the EMR, dated [redacted] and timed 5:50 PM, revealed R86 returned to the facility [redacted].</p> <p>Review of the paper discharge notices, provided by the facility, for the days R86 was discharged revealed R86 was issued a bed hold notice on [redacted] and [redacted].</p> <p>Review of the issued undated document titled, "[Facility Name]" provided by the facility, revealed the resident's bed would be held for 10 days. The notice was absent for the reserve bed payment policy in the state plan as required.</p> <p>During an interview on 12/05/24 at 5:06 PM, the [redacted] and [redacted] stated they felt the facility was meeting the requirement because the residents were given the bed hold policy upon admission and since they were emergency [redacted], and because the residents are always allowed to return to the facility, they did not need to include the statement. They verified the bed hold notices did not include a "reserve bed payment policy." They stated the payment would have been different for each resident.</p> <p>Review of the facility's policy titled, "Temporary Discharge (Bed-Hold)" and dated 01/24, indicate ...The facility agrees to a temporary bed hold for resident's that are discharged for a temporary leave to a hospital or any other facility ...Upon Resident/Sponsor written request to reserve the</p>	F 625		

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F 625	Continued From page 23 resident's accommodations for seven (7) days, starting on the day of discharge. After the initial seven (7) day period, the resident/Sponsor may request, in writing, for continued bed-hold at the regular Daily Rate ..." The policy did not include the Daily Rate or cost per day of the bed hold. Review of the facility's undated policy titled, "Admission Agreement" indicated " ...During Resident's temporary leave from the Facility to a hospital or any other facility, the Facility agrees as follows: ...Upon Resident/Sponsor written request to reserve a Resident's accommodations for seven (7) days, starting on the day of discharge, with payment of charges continuing at the at [sic] regular Daily Rate. After the initial seven (7) day period, the Resident/Sponsor may request, in writing, for continued bed-hold at the regular Daily Rate ..." The Admission Agreement did not include the daily rate charge.	F 625			
F 655 SS=D	NJAC 8:39-5.3 Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident	F 655		1/7/25	

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F 655	<p>Continued From page 24</p> <p>including, but not limited to-</p> <p>(A) Initial goals based on admission orders.</p> <p>(B) Physician orders.</p> <p>(C) Dietary orders.</p> <p>(D) Therapy services.</p> <p>(E) Social services.</p> <p>(F) PASARR recommendation, if applicable.</p> <p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <p>(i) Is developed within 48 hours of the resident's admission.</p> <p>(ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).</p> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <p>(i) The initial goals of the resident.</p> <p>(ii) A summary of the resident's medications and dietary instructions.</p> <p>(iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.</p> <p>(iv) Any updated information based on the details of the comprehensive care plan, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, interview, and facility policy review, the facility failed to ensure a written copy of the baseline care plan was provided to the resident and/or responsible party (RP) within 48 hours for one of one resident (Resident (R) 203) reviewed for baseline care plan out of 31 sample residents. This failure had the potential for residents and/or RP not to be informed of the</p>	F 655	<p>A written summary of the baseline care plan was provided to R203 and  representative.</p> <p>All residents have the ability to be affected by this practice.</p> <p>The Administrator inserviced the</p>		

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F 655	<p>Continued From page 25 plan of care.</p> <p>Findings include:</p> <p>Review of R203's undated "Face Sheet" located under the "Profile" tab of the electronic medical record (EMR) revealed the resident was admitted on [redacted] with diagnoses which included [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1), and [redacted] NJ Ex Order 26.4(b)(1).</p> <p>Review of R203's "Physician's Admission Note," dated [redacted] NJ Ex Order 26.4(b)(1) and located under the "Progress Note" tab in the EMR, revealed R203 was " [redacted] NJ Ex Order 26.4(b)(1) ..."</p> <p>Review of R203's "Care Plan" located under the "Care Plan" tab in the EMR revealed the areas of the care plan that was completed on [redacted] NJ Ex Order 26.4(b)(1) and [redacted] NJ Ex Order 26.4(b)(1) included [redacted] NJ Ex Order 26.4(b)(1) risk related to [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1), at risk for [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1) related to the presence of the [redacted] NJ Ex Order 26.4(b)(1), and resident presents with [redacted] NJ Ex Order 26.4(b)(1) in [redacted] NJ Ex Order 26.4(b)(1) following recent [redacted] NJ Ex Order 26.4(b)(1).</p> <p>During an interview on 12/02/24 at 12:10 PM, Family Member (FM) 2 stated, " I haven't been given anything about my [redacted] NJ Ex Order 26.4(b)(1) care since [R203] has been admitted here."</p> <p>During an interview on 12/04/24 at 6:02 PM, the [redacted] U.S. FOIA (b) (6) stated, " When we do our baseline care plan, we do them within 48 hours, then I go over the care plan with the resident or the representative and explain all of it to them. I haven't been documenting where I</p>	F 655	<p>Interdisciplinary Team members to provide a written summary of the baseline care plan to the resident or resident representative within 48 hours of admission to the facility.</p> <p>The MDS Coordinator will audit 5 admissions per month to ensure a written summary of the baseline care plan was provided to the resident or resident representative. Results of these audits will be provided to the Administrator on a monthly basis.</p> <p>The MDS Coordinator will review the findings of the monthly audits at the Quarterly QAPI Meeting for the next 2 quarters. Evaluation by the committee to determine continuing frequency of audits.</p>	

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F 655	Continued From page 26 have been giving these to them." When asked where in the EMR can the base line care plan be found, the U.S. FOIA stated, "There isn't a separate one. It's all one care plan that is started on admission and all the areas are completed within 48 hours." During an interview on 12/05/24 at 5:00 PM, the U.S. FOIA (b) (6) stated, " I expect the baseline care plan to be completed within 48 hours from admission and a written summary be given to the resident and/or RP." Review of the facility's policy titled, "Plan of Care and IDCP [Interdisciplinary Care Planning] Team Meeting Policy" dated 01/24 and provided by the facility, revealed " ...The baseline care plan shall be developed within 48 hours of a resident's admission ...The facility must provide the resident and his/her representative with a written summary of the baseline care plan ..."	F 655			
F 656 SS=D	NJAC 8:39-11.2(d) Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -	F 656		1/7/25	

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F 656	Continued From page 27 (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on record review, interview, and facility policy review, the facility failed to develop care plans with resident specific goals and interventions for the usage of NJ Ex Order 26.4(b)(1) for	F 656	The care plan for resident #69 for NJ Ex Order 26.4(b)(1) use was implemented. Unit managers on each unit reviewed all		

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F 656	<p>Continued From page 28</p> <p>one of 31 sample residents (Resident (R) 69) reviewed for care plans. This failure to develop care plans increased the risk for care to be incomplete and/or inconsistent related to [redacted] medications.</p> <p>Findings include:</p> <p>Review of the "Census" tab located in the electronic medical record (EMR) revealed R69 was originally admitted on [redacted] and readmitted on [redacted].</p> <p>Review of the "Med Diag [Medical Diagnoses]" tab located in the EMR revealed R69 had diagnoses including [redacted] and [redacted].</p> <p>Review of the "Orders" tab located in the EMR and dated [redacted], revealed R69 had orders for [redacted] twice a day.</p> <p>Review of the admission "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [redacted] and located in the EMR revealed a "Care Area Assessment (CAA)" trigger for [redacted] medication use.</p> <p>Review of the "Care Plan (CP)" tab located in the EMR revealed no care plan had been developed with goals or interventions for the usage of [redacted] medications.</p> <p>During an interview on 12/05/24 at 4:30 PM, the [redacted] (U.S. FOIA (b) (6)) stated when an order was given by the physician the nurse who received the order would initiate the correct goal/intervention necessary for the order. [redacted] (U.S. FOIA (b) (6))</p>	F 656	<p>residents on antipsychotic medication to ensure care plans are in place. Those that did not have were implemented</p> <p>All residents on antipsychotic medication are potentially affected.</p> <p>Director of Nursing inserviced unit managers on care planning all residents with orders for antipsychotic medication.</p> <p>Unit managers or designee will review new admission charts daily for antipsychotic medication and will review residents with new or changes in antipsychotic orders and will implement the care plan.</p> <p>Director of Nursing or designee will review 5 residents on antipsychotic medication weekly to assure care plan is in place and will report all findings to Administrator on a monthly basis.</p> <p>All findings will be reported quarterly during the QAPI meeting for the next 2 quarters by Director of Nursing or designee to the QAPI committee. Evaluation by the committee to determine continuing frequency of audits.</p>		

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F 656	<p>Continued From page 29</p> <p>stated once the next interdisciplinary team meeting occurred within a few days of the order [weekly meetings] then she would go over the care plan and make any adjustments if needed. The [U.S. FOIA (b)] verified that R69 did have an order for [NJ Ex Order 26.4(b)(1)] medication but did not have the care plan updated with the goal/interventions for [NJ Ex Order 26.4(b)(1)] medications. The [U.S. FOIA (b)] verified there was a goal/intervention related to behaviors and stated she thought that was what was necessary for the [NJ Ex Order 26.4(b)(1)] because the medication was ordered due to behaviors. The [U.S. FOIA (b)] verified there should be a [NJ Ex Order 26.4(b)(1)] medication goal with interventions in R69's care plan.</p> <p>Review of the facility's policy titled, "Psychotropic Medication Policy." reviewed 03/07/24, revealed the use of psychotropic medications would be to "set measurable objectives and reflect these in the resident's care plan."</p> <p>Review of the facility's policy titled, "Plan of Care and IDCP [Interdisciplinary Care Planning] Team Meeting Policy" reviewed 01/24, revealed " this facility shall provide an individualized, interdisciplinary plan of care for all residents that shall be appropriate to the resident's needs, strengths and goals." The policy continued, "a comprehensive person-centered care plan for each resident shall be developed and implemented that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The plan of care shall be reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments, and as appropriate."</p>	F 656			

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F 656	Continued From page 30	F 656			
F 695 SS=J	<p>NJAC 8:39-11.2(f) Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)</p> <p>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: PART A</p> <p>Based on observation, record review, interview, and facility policy review, the facility failed to ensure there was emergency ^{NJ Ex Order 26.4(b)(1)} equipment for a resident with a ^{NJ Ex Order 26.4(b)(1)}) at the bedside and readily available for use and ensure staff were trained to use the emergency ^{NJ Ex Order 26.4(b)(1)} equipment for one (1) of 1 resident (Resident #86) reviewed with a ^{NJ Ex Order 26.4(b)(1)}</p> <p>Resident #86 was admitted to the facility on ^{NJ Ex Order 26.4(b)} and had ^{NJ Ex Order 26.4(b)(1)}. Observation and interviews during the survey revealed that emergency ^{NJ Ex Order 26.4(b)(1)} supplies were not being kept at the bedside and readily available for use. There was only one ^{NJ Ex Order 26.4(b)(1)} in Resident #86's room with no extra</p>	F 695	<p>Resident #86 was provided with the proper emergency equipment at his bedside and nursing staff were educated and competencies were completed.</p> <p>Resident #86 is the only resident currently in Alaris Health at Belgrove with ^{NJ Ex Order 26.4(b)(1)}.</p> <p>On 12/3/24 upon receiving notification of the Immediate Jeopardy situation, the Director of Nursing in serviced LPN3 and RN1 assigned to work 3-11 shift on the first floor where Resident #86 resides on Trach Care, Emergency Trach Care and identifying supplies needed. Competency and return demonstration was completed.</p> <p>Director of Nursing and/or Infection Preventionist also inserviced the LPN4 and RN2 assigned to the 1st floor for 12/3/24 11-7 shift on Trach Care,</p>	1/7/25	

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F 695	<p>Continued From page 31</p> <p>ones in the storage room. The primary nurses responsible for the care of Resident #86 did not know what an [NJ Ex Order 26.4(b)(1)] looked like or what it was to be used for.</p> <p>The facility's failure to ensure there was emergency equipment at the resident's bedside and readily available and failure to ensure staff were trained to use emergency [NJ Ex Order 26.4(b)(1)] equipment placed the resident at risk for serious harm, serious impairment, or death. This resulted in an Immediate Jeopardy (IJ) Situation which was identified on 12/03/24.</p> <p>The facility's [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] were notified of the IJ on 12/03/24 at 8:00 PM. The facility submitted an acceptable Removal Plan (RP) on 12/04/24 at 3:40 PM. The survey team verified the implementation of the RP during the continuation of the on-site survey on 12/05/24 at 9:45 AM.</p> <p>The evidence was as follows:</p> <p>Review of Lippincott Manual of Nursing Practice, dated 2018, page 544, revealed " ...Have available at the patient's bedside ...a resuscitation bag, oxygen source, and a mask to ventilate the patient in the event of accidental tube removal. Anticipate your course of action in such an event ...Tracheostomy-have extra tracheostomy tube, obturator ...at the bedside. Be aware of reinsertion technique, if facility policy permits, or know how to contact someone immediately for reinserting the tube ..."</p> <p>1. A review of Resident #86's undated "Face</p>	F 695	<p>Emergency Trach Care and identifying supplies needed. Competency and return demonstration was completed. This was completed prior to start of the shift. Director of Nursing and/or Infection Preventionist repeated this process for RN3, LPN2 and RN4 assigned to the first floor on 7-3 shift 12/4/24 prior to the start of their shift.</p> <p>Starting on 12/4/24, this education and competency will then be completed on all nurses in the facility. Any nurse caring for Resident #86 will be inserviced prior to the start of their shift. Any nurse that is on leave or vacation will receive this education and competency on their first shift upon return. This education and competency will be incorporated in the orientation process for all new hires starting on 12/4/24.</p> <p>The [NJ Ex Order 26.4(b)(1)] for residents #33, #44, and #60 were cleaned by the Director of Maintenance and replaced back on the [NJ Ex Order 26.4(b)(1)]</p> <p>All residents with tracheostomies and all residents that use oxygen supplementation via oxygen concentrators are potentially affected.</p> <p>Nursing Supervisor will check the supplies in Resident #86 room and any residents with tracheostomy q shift for the next 3 months to assure that all required supplies are present in the room. For Resident #86 these supplies include Tracheostomy Care Kit, Ambubag,</p>		

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F 695	<p>Continued From page 32</p> <p>Sheet" located under the "Profile" tab in the electronic medical record (EMR) revealed Resident #86 was admitted to the facility on [REDACTED], with the admitting diagnosis of [REDACTED].</p> <p>A review of Resident #86's significant change "Minimum Data Set (MDS)" located under the "MDS" tab in the EMR with an "Assessment Reference Date (ARD)" of [REDACTED], coded the resident as having a "Brief Interview for Mental Status (BIMS)" score of [REDACTED] out of 15 which indicated Resident #86 was [REDACTED]. Resident #86 was also coded as requiring [REDACTED] and [REDACTED] care while a resident in the facility.</p> <p>A review of the "Physician Orders" located under the "Orders" tab in the EMR revealed an order dated [REDACTED], to include [REDACTED] every shift and as needed" and to "Change [REDACTED] every day. [REDACTED]"</p> <p>During an observation on 12/03/24 at 10:30 AM, the Licensed Practical Nurse (LPN #1) pulled the drawers to the bedside table out where the emergency and extra supplies were stored. LPN #1 could not locate an [REDACTED] with the [REDACTED] the resident was currently ordered to have, an [REDACTED] that was [REDACTED], and an [REDACTED] LPN #1 and the surveyor went into the supply room and could not locate any [REDACTED] except for a [REDACTED] and there were no extra [REDACTED] LPN #1 was Resident #86's primary care nurse for the day shift on 12/03/24.</p> <p>During another observation and interview on</p>	F 695	<p>Suction Machine, Suction Kit, Normal Saline Bottles, Sterile Water Bottles, Drain Gauze, Sterile Gauze, Inner Cannulas (#6), Tracheostomy Set for Emergency Use (includes outer cannula, inner cannula, obturator, trachea ties, size #5), Corrugated Tubing, Yankeauer Suction Catheter, Velcro Trach Ties, Suction Connecting Tubes, Aerosol Drainage Bag w/ Y-Adaptor and Straight Adaptor.</p> <p>Central Supply Coordinator will maintain a weekly inventory of trach supplies. Inventory will be submitted to the Director of Nursing on a weekly basis for review. Director of Nursing will instruct Central Supply Coordinator on a weekly basis of any supplies that need to be ordered. If a potential admission is identified requiring trach supplies, the Director of Nursing will identify supplies needed and assure supplies are available in building prior to admission.</p> <p>Director of nursing or designee will inservice nurses upon hire and annually on tracheostomy care and care of the tracheostomy in an emergency.</p> <p>Director of nursing or designee inserviced the maintenance department on properly cleaning oxygen concentrators filters. Policy of care of the oxygen concentrator was revised to clean filters weekly by the maintenance department.</p> <p>QAPI was implemented to not only address immediate rectification, but also to maintain an ongoing system to ensure</p>	

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F 695	<p>Continued From page 33</p> <p>12/03/24 at 10:55 AM, LPN #2 went into the resident's room and could not find a size smaller NJ Ex Order 26.4(b)(1) or an NJ Ex Order 26.4(b)(1). There was one NJ Ex Order 26.4(b)(1) size six in the bedside table that the surveyor observed LPN #1 placing in the drawer at 10:44 AM. LPN #2 was asked what supplies were needed to be at the bedside and LPN #2 stated, "A size smaller of the NJ Ex Order 26.4(b)(1), an NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1), and an NJ Ex Order 26.4(b)(1). At 11:13 AM, LPN #2 went into the storage room, and she could not find any NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1) that would be a NJ Ex Order 26.4(b)(1).</p> <p>During an observation and interview on 12/03/24 at 3:06 PM, the U.S. FOIA (b) (6) went into Resident #86's room with the surveyor and was able to find one NJ Ex Order 26.4(b)(1) and an NJ Ex Order 26.4(b)(1) but was unable to find a NJ Ex Order 26.4(b)(1). When asked where the extra NJ Ex Order 26.4(b)(1) were kept, the U.S. FOIA (b) (6) stated, "In the supply closet." In the supply room, the U.S. FOIA (b) (6) could not locate any more NJ Ex Order 26.4(b)(1) and the only NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4(b)(1) was NJ Ex Order 26.4(b)(1). The U.S. FOIA (b) (6) stated the U.S. FOIA (b) (6) was the one responsible for ordering the specialty supplies that the nurses would use on Resident #86 for NJ Ex Order 26.4(b)(1) care. The U.S. FOIA (b) (6) was asked her expectations of the nursing staff that were taking care of Resident #86, and she stated, "I expect the nurses to have the emergency equipment at the bedside of this resident such as extra NJ Ex Order 26.4(b)(1), extra NJ Ex Order 26.4(b)(1) an NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1)."</p> <p>During an interview on 12/03/24 at 3:25 PM, the U.S. FOIA (b) (6) stated, "I do not order any medical supplies that the nurses use on the floors."</p>	F 695	<p>proper trach care and supplies present for residents who need. Within this QAPI there will be continued education with all nurses on Trach Care, Emergency Trach Care and supplies needed.</p> <p>The Director of Nursing, Infection Preventionist and/or designee will conduct 5 observations per week of nurses performing trach care and reviewing emergency trach care and supplies starting 12/9/24. Any nurses noted with deviation from standard of practice will be immediately reinserviced and have a successful competency completed prior to being able to care for a resident with a trach.</p> <p>Maintenance director or designee will audit 5 oxygen concentrators weekly to assure they are properly cleaned.</p> <p>Results of these audits will be reported to the Administrator on a weekly basis for review for the next 3 months.</p> <p>QAPI meeting will be held on a monthly basis to ensure proper procedures regarding cleaning of the concentrator filters trach care, emergency trach care and availability of proper supplies are in place and followed for the next 2 months and quarterly thereafter for the next year.</p>

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F 695	<p>Continued From page 34</p> <p>During an interview on 12/03/24 at 3:49 PM, Registered Nurse (RN #1) was asked if extra [redacted] were kept in the crash cart. RN #1 went to the crash cart and could not locate an extra [redacted]. RN #1 opened a box that had a disposable [redacted] and an [redacted] in it. RN #1 confirmed there were no extra [redacted] in the crash cart at that moment. When asked if she knew what an [redacted] looked like and what it was used for, RN #1 stated, "I really don't know what it looks like, and I have never had to use one." RN #1 confirmed that she was the primary nurse to provide care to Resident #86 "tonight" and it was her first night in the facility as a travel nurse.</p> <p>A review of the education that was provided by the facility reflected LPN #1 received "NJ Ex Order 26.4(b)(1) and Care" education on 08/02/24, LPN #2 received "NJ Ex Order 26.4(b)(1) Care and [redacted] on 10/24/24, and RN #1 received "NJ Ex Order 26.4(b)(1) Care and [redacted] and [redacted] Care in an Emergency Situation" on 12/03/24.</p> <p>During an interview on 12/03/24 at 6:26 PM, the U.S. FOIA (b) (6) confirmed RN #1 was in-serviced "today" on the [redacted] Care and [redacted] and [redacted] Care in an Emergency Situation" prior to reporting to work on the floor "this evening" by the U.S. FOIA (b) (6).</p> <p>During an interview on 12/03/24 at 6:26 PM, the U.S. FOIA (b) (6) stated the facility did not employ a U.S. FOIA (b) (6).</p> <p>An acceptable Removal Plan (RP) was received</p>	F 695			

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F 695	<p>Continued From page 35</p> <p>on 12/04/24 at 3:40 PM, indicating the action the facility will take to prevent serious harm from occurring or reoccurring. The facility implemented a corrective action plan to remediate the deficient practice which included: all nurses, including new hires, will be educated on tracheostomy care, emergency tracheostomy care, and identifying supplies needed with competency and return demonstration prior to the start of their next shift; a nursing supervisor will check the supplies in Resident #86's room every shift to assure all required supplies are present in the room; central supply will maintain weekly inventory of tracheostomy supplies; and the DON will assure tracheostomy supplies are available prior to admission.</p> <p>The survey team verified the implementation of the RP during the continuation of the on-site survey on 12/05/24 at 9:45 AM.</p> <p>NJAC 8:39-27.1(a)</p> <p>PART B</p> <p>Based on observation, record review, interview, and facility policy review, the facility failed to ensure [redacted] were cleaned for 3 of 3 residents, Resident #33, Resident #44, and Resident #60 reviewed for [redacted].</p> <p>1. A review of Resident #33's undated "Admission Record" located in the EMR under the "Resident" tab included an original admission date of [redacted], and most recent re-admission on [redacted], with a primary diagnosis of [redacted] and comorbidities including a history of [redacted], [redacted] NJ Ex Order 26.4(b)(1), [redacted] and [redacted].</p>	F 695			

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F 695	<p>Continued From page 36</p> <p>A review of Resident #33's "Order Summary" located in the EMR under the "Orders" tab included NJ Ex Order 26.4(b)(1) every shift and NJ Ex Order 26.4(b)(1) change every seven days starting NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #33's "Care Plan" located in the EMR under the "Care Plan" tab, revised NJ Ex Order 26.4(b)(1), included NJ Ex Order 26.4(b)(1) therapy related to NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #33's entry "Minimum Data Set (MDS)" located in the EMR under the "MDS" tab with an Assessment Reference Date (ARD) of NJ Ex Order 26.4(b)(1) was "In Progress" and incomplete.</p> <p>During an observation on 12/05/24 at 1:45 PM, Resident #33's NJ Ex Order 26.4(b)(1) had a gray/white substance covering the NJ Ex Order 26.4(b)(1).</p> <p>2. A review of Resident #44's undated "Admission Record" located in the EMR under the "Resident" tab included an original admission date of NJ Ex Order 26.4(b)(1), with a primary diagnosis of NJ Ex Order 26.4(b)(1) and comorbidities including NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), history of NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #44's "Order Summary" located in the EMR under the "Orders" tab included NJ Ex Order 26.4(b)(1) every shift for NJ Ex Order 26.4(b)(1) every shift starting NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) change every seven days starting NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #44's "Care Plan" located in</p>	F 695			

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F 695	<p>Continued From page 37</p> <p>the EMR under the "Care Plan" tab, revised 12/04/24, included the administration of [redacted] as ordered.</p> <p>A review of Resident #44's annual "MDS" located in the EMR under the "MDS" tab with an ARD of [redacted], included the use of [redacted].</p> <p>During an observation on 12/04/24 at 7:14 PM, Resident #44's [redacted] had a gray/white substance covering the [redacted].</p> <p>3. A review of Resident #60's undated "Admission Record" located in the EMR under the "Resident" tab included an original admission date of [redacted], and most recent re-admission on [redacted], with a primary diagnosis of [redacted] and comorbidities including [redacted] and [redacted].</p> <p>A review of Resident #60's "Order Summary" located in the EMR under the "Orders" tab included [redacted] every shift for [redacted] and [redacted] dated [redacted].</p> <p>A review of Resident #60's "Care Plan" located in the EMR under the "Care Plan" tab included [redacted] related to [redacted].</p> <p>A review of Resident #60's five-Day "MDS" located in the EMR under the "MDS" tab with an ARD of [redacted] included the use of [redacted].</p> <p>During an observation on 12/04/24 at 7:14 PM, Resident #60's [redacted] had a gray/white substance covering [redacted].</p> <p>During an interview on 12/04/24 at 7:21 PM,</p>	F 695			

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F 695	<p>Continued From page 38</p> <p>Licensed Practical Nurse (LPN #5) confirmed that the [NJ Ex Order] had a gray/white substance that she called "lint." LPN #5 stated that the Maintenance Department was responsible for cleaning the [NJ Ex Order 26.4(b)(1)] and was not sure how often that was done. LPN #5 contacted the [U.S. FOIA (b) (6)] via telephone who informed her that it was the [U.S. FOIA (b) (6)] responsibility to clean the [NJ Ex Order] and sent her a copy of the policy.</p> <p>During an interview on 12/05/24 at 5:32 PM, with the [U.S. FOIA (b) (6)] who stated that it was his responsibility to clean the [NJ Ex Order] on a monthly basis and as needed. The [NJ Ex Order] stated that he had not cleaned the [NJ Ex Order] until this day, 12/05/24, and that he was not sure why Resident #60's [NJ Ex Order 26.4(b)(1)] was documented as having been cleaned on 12/04/24, but that all [NJ Ex Order] had been cleaned as of 12/05/24. The [U.S. FOIA] also stated that the nurses sometimes entered a request on the maintenance log if the [NJ Ex Order] needed to be cleaned prior to the monthly cleaning, to his knowledge, no additional requests for [NJ Ex Order 26.4(b)(1)] had been made by staff recently.</p> <p>A review of the facility's policy titled, "Care of Oxygen Concentrators," dated 03/24, and provided by the facility, indicated " ...It is the policy of the facility to ensure oxygen concentrators and filters are cleaned regularly. Protocol 1. Cleaning occurs monthly and as needed. Procedure for filters is as follows ...2. Check air inlet filters for dust buildup ...4. Remove air inlet filters and wash in warm, soapy water and rinse. 5. Absorb excess water from filter with a dry towel ...7. Reapply a new pair of disposable gloves and place the air inlet filters back on the oxygen concentrator ..."</p>	F 695			

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F 695	Continued From page 39 A review of the facility document titled "NJ Ex Order 26.4(b)(1) Cleaning Log," dated NJ Ex Order 26.4(b)(1), and provided by the facility, indicated that room NJ Ex Order 26.4(b)(1)s (Resident #60) NJ Ex Order 26.4(b)(1) was cleaned on NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). Rooms NJ Ex Order 26.4(b)(1) (Resident #33) and NJ Ex Order 26.4(b)(1) (Resident #44) were most recently cleaned on NJ Ex Order 26.4(b)(1).	F 695			
F 761 SS=D	NJAC 8:39- 27.1(a) Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.	F 761		1/7/25	

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F 761	<p>Continued From page 40</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, and facility policy review, the facility failed to properly store medications with four loose tablets and one loose capsule in the medication cart for the 300 hall rooms [REDACTED] and ten and a half loose tablets in the medication cart for the 300 hall rooms [REDACTED] out of seven medication carts reviewed for medication storage of 31 sample residents. This failure increased the potential for drug diversion.</p> <p>Findings include:</p> <p>During an observation on 12/05/24 at 7:34 PM, the third-floor medication cart for rooms 300-314 had four loose tablets and one loose capsule in the drawers. The third-floor medication cart for room [REDACTED] had 10 and a half loose tablets in the drawers. Licensed Practical Nurses (LPN) 5 and LPN7) destroyed the unsecured medications in the drug buster solution.</p> <p>During an interview on 12/05/24 at 7:34 PM LPN5 and LPN7 confirmed that it was the responsibility of all nurses to ensure the medication carts were clean and that any loose pills identified should be disposed of in the drug buster solution. LPN5 and LPN7 were unable to determine who the medications belonged to.</p> <p>During an interview on 12/05/24 at 7:07 PM the [REDACTED] U.S. FOIA (b) (6) stated that it was her expectation that any nurse that identified loose pills should dispose of them in the drug buster and loose medications should not be left in the cart.</p>	F 761	<p>No residents were affected by this deficient practice. All loose medication were disposed of properly.</p> <p>LPN5 and LPN7 were unable to determine who the medications belonged. Both nurses were inserviced on proper handling of medication cards and the responsibility of keeping their medication carts clean and free of loose medications.</p> <p>All residents with medication orders are potentially affected.</p> <p>Director of Nursing or designee inserviced all nurses on the responsibility of maintaining cleanliness of the medication cart and proper disposal of medication. Inservice will be completed upon hire and annually thereafter.</p> <p>All nurses are to check assigned medication cart on their shift. The unit manager or designee will check med carts once per week to assure compliance with proper medication storage.</p> <p>Unit Managers will check med carts once per week to assure compliance with proper medication storage. The findings of these audits will be reported to the Director of Nursing on a monthly basis.</p> <p>All monthly audits will be reported quarterly during the QAPI meeting for the next 2 quarters by Director of nursing or designee to the QAPI committee.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/05/2024
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F 761	Continued From page 41 Review of the facility's policy titled, "Disposal and Destruction of Medication," dated 01/24 and provided by the facility, indicated " ...It is the policy of [Facility Name] to account for all products/medications utilized by the facility ...Non-controlled (OTC [over the counter] and Legend Medications) which are expired, refused or adulterated (i.e. Drop on counter or floor) can be destroyed by nurses passing medications and no second nurse is required ...During medication pass if a resident refuses a medication or if the medication drops out of the hands of the nurse which affects Infection Control Practices, the nurse must: 1. Dispose of all unused medications ...into solution by adding unwanted medications and shake. Drug Buster is a multiple use system which can be used until reaching 1" [inch] of the bottle opening. Once bottle reaches full level tighten cap securely and throw into the trash ..."	F 761	Evaluation by the committee to determine continuing frequency of audits.		
F 847 SS=E	NJAC 8:39-29.4(b)2 Entering into Binding Arbitration Agreements CFR(s): 483.70(m)(1)(2)(i)(ii)(3)-(5) §483.70(m) Binding Arbitration Agreements If a facility chooses to ask a resident or his or her representative to enter into an agreement for binding arbitration, the facility must comply with all of the requirements in this section. §483.70(m)(1) The facility must not require any resident or his or her representative to sign an agreement for binding arbitration as a condition of admission to, or as a requirement to continue to receive care at, the facility and must explicitly inform the resident or his or her representative of his or her right not to sign the agreement as a	F 847		1/7/25	

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F 847	<p>Continued From page 42</p> <p>condition of admission to, or as a requirement to continue to receive care at, the facility.</p> <p>§483.70(m)(2) The facility must ensure that:</p> <p>(i) The agreement is explained to the resident and his or her representative in a form and manner that he or she understands, including in a language the resident and his or her representative understands;</p> <p>(ii) The resident or his or her representative acknowledges that he or she understands the agreement;</p> <p>§483.70(m)(3) The agreement must explicitly grant the resident or his or her representative the right to rescind the agreement within 30 calendar days of signing it.</p> <p>§483.70(m)(4) The agreement must explicitly state that neither the resident nor his or her representative is required to sign an agreement for binding arbitration as a condition of admission to, or as a requirement to continue to receive care at, the facility.</p> <p>§483.70(m)(5) The agreement may not contain any language that prohibits or discourages the resident or anyone else from communicating with federal, state, or local officials, including but not limited to, federal and state surveyors, other federal or state health department employees, and representative of the Office of the State Long-Term Care Ombudsman, in accordance with §483.10(k).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interviews, the facility failed to ensure residents had [redacted] before signing [redacted] agreements for</p>	F 847	The [redacted] Agreements for R71, R84, R75 and R44 were rescinded.		

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F 847	<p>Continued From page 43</p> <p>four of five residents (Resident (R) 71, R84, R75, and R44) reviewed for arbitration of 31 sample residents. This had the potential to result in resident representatives not being able to resolve disputes with the facility in a court of law.</p> <p>Findings include:</p> <p>1. Review of R71's admission "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [redacted] and located under the "MDS" tab of the electronic medical record (EMR) revealed the resident was assessed to have a "Brief Interview for Mental Status (BIMS) score of [redacted] out of 15 which indicated the resident had NJ Ex Order 26.4(b)(1).</p> <p>Review of R71's "Voluntary Binding [redacted] Agreement" located under the "Misc" tab of the EMR revealed the resident signed the agreement on [redacted]. On the last page of the agreement above the signature line the document revealed "I _____, being a Resident or Resident's legally authorized Representative, hereby acknowledge that I read this entire agreement and understand the terms of this agreement." With space for initials after this statement. R71's name was type written into the blank and the resident signed by putting R71's initials into the line stating, "Signature of Resident/Resident's Legally Authorized Representative." Under the section labeled "Facility's representative" The [redacted] printed and signed her name and dated it [redacted].</p> <p>During an interview on 12/05/24 at 11:50 AM, the [redacted] stated the resident's niece was present at the time R71 signed the agreement. According to the [redacted] the niece was working on getting power of</p>	F 847	<p>A facility wide audit was completed on all signed [redacted] Agreements in comparison to Brief Interview for Mental Status (BIMS) Assessment score and were corrected.</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>The Administrator inserviced the Admissions Department on the proper procedure for conducting Arbitration Agreements in accordance to their Brief Interview for Mental Status (BIMS) Assessment score.</p> <p>The Minimum Data Set (MDS) Coordinator will audit 3 new admissions per month for accurate Arbitration Agreements signature in accordance to Brief Interview for Mental Status (BIMS) Assessment score.</p> <p>The Minimum Data Set (MDS) Coordinator will report the results of these audits to the Administrator on a monthly basis.</p> <p>The Minimum Data Set (MDS) Coordinator will review the findings of the monthly audits at the Quarterly QAPI Meeting for the next 2 quarters.</p>	

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F 847	<p>Continued From page 44</p> <p>attorney papers approved. The niece stated she ^{NJ Ex Order 26.4(b)(1)} the agreement, however she did not want to sign it but said it was ok for R71 to sign it.</p> <p>During an interview on 12/05/24 at 11:50 AM, the ^{U.S. FOIA (b) (6)} verified R71 did not have the ^{NJ Ex Order 26.4(b)(1)} to ^{NJ Ex Order 26.4(b)(1)} the agreement.</p> <p>2. Review of R84's admission "MDS" with an ARD of ^{NJ Ex Order 26.4(b)} and located under the ""MDS" tab of the EMR revealed the resident was assessed to have a BIMS score of ^{NJ Ex O} out of 15 indicating the resident had ^{NJ Ex Order 26.4(b)(1)}.</p> <p>Review of R84's "Voluntary Binding ^{NJ Ex Order 26.4(b)(1)} Agreement" located under the "Misc" tab of the EMR, revealed the resident signed the agreement on ^{NJ Ex Order 26.4(b)}. On the last page of the agreement above the signature line the document revealed "I _____, being a Resident or Resident's legally authorized Representative, hereby acknowledge that I read this entire agreement and understand the terms of this agreement."" With space for initials after this statement. R84's name was type written into the blank and the resident signed by putting their initials into the line stating, "Signature of Resident/Resident's Legally Authorized Representative." Under the section labeled "Facility's representative" The ^{U.S. FO} printed and signed her name and dated it ^{NJ Ex Order 26.4(b)}.</p> <p>During an interview on 12/05/24 at 11:53 AM, the ^{U.S. FO} and the ^{U.S. FO} verified R84 did not have the ^{NJ Ex Order 26.4(b)(1)} the agreement. ^{U.S. FO} stated R84 ^{NJ Ex Order 26.4(b)(1)}, and she did not ^{NJ Ex Order}, so she spoke to R84's grandson over the phone and had him ^{NJ Ex Order 26.4(b)(1)} and the grandson stated it was ok for his</p>	F 847			

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F 847	<p>Continued From page 45</p> <p>^{NJ Ex Order 26.4(b)(1)} to sign the agreement. She stated she was not able to determine if the resident ^{NJ Ex Order 26.4(b)(1)} it because she did not ^{NJ Ex Order 26.4(b)(1)}, but she felt the grandson ^{NJ Ex Order 26.4(b)(1)} it.</p> <p>3. Review of R75's resident's admission "MDS" with an ARD of ^{NJ Ex Order 26.4(b)} and located under the "MDS" tab of the EMR revealed the resident was assessed to have a BIMS score of ^{NJ Ex O} out of 15 which indicated that the resident had ^{NJ Ex Order 26.4(b)}.</p> <p>Review of R75's "Voluntary Binding A ^{NJ Ex Order 26.4(b)} Agreement" located under the "Misc" section of the EMR revealed the resident signed the agreement on ^{NJ Ex Order 26.4(b)(1)}. On the last page of the agreement above the signature line the document revealed "I _____, being a Resident or Resident's representative legally authorized Representative, hereby acknowledge that I read this entire agreement and understand the terms of this agreement." With space for initials after this statement. R75's name was typewritten into the blank and the resident signed by putting their initials into the line stating, "Signature if Resident/Resident's Legally Authorized Representative." Under the section labeled "Facility's representative" The ^{U.S. F} printed and signed her name and dated it ^{NJ Ex Order 26.4(b)}.</p> <p>During an interview on 12/05/24 at 12:00 PM, the ^{U.S. F} and the ^{U.S. F} verified R75 did not have ^{NJ Ex O} the agreement. ^{U.S. F} stated R75's daughter was present when the agreement was signed and because the resident ^{NJ Ex Order 26.4(b)(1)} she had the daughter explain it to her ^{NJ Ex Order 26} and stated it was ok to have her ^{NJ Ex Order 26} sign the agreement. According to the ^{U.S. F} and ^{U.S. F} the daughter did not have power of attorney over</p>	F 847		

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F 847	<p>Continued From page 46 the resident.</p> <p>4. Review of R44's resident's admission "MDS" with an ARD date of [redacted] and located under the "MDS" tab of the EMR revealed the resident was assessed to have a BIMS score of [redacted] out of 15 which indicated the resident had [redacted].</p> <p>Review of R44's "Voluntary Binding [redacted] Agreement" located under the "Misc" section of the EMR revealed the resident signed the agreement on [redacted]. On the last page of the agreement above the signature line the document revealed "I _____, being a Resident or Resident's representative legally authorized Representative, hereby acknowledge that I read this entire agreement and understand the terms of this agreement." With space for initials after this statement. R44's name was typewritten into the blank and the resident signed by putting their initials into the line stating, "Signature if Resident/Resident's Legally Authorized Representative." Under the section labeled "Facility's representative," the [redacted] printed and signed her name and dated [redacted].</p> <p>During an interview on 12/05/24 at 11:38 AM, the [redacted] and the [redacted] verified R44 did not have the [redacted] the agreement. [redacted] stated the R44 did not have any power of attorney, family, or responsible party. She stated she called the resident's friend (she could only remember the first name of the friend) and the friend said it was ok to have the resident sign the agreement.</p> <p>During an interview on 12/05/24 at 11:50 AM, the [redacted] was asked what BIMS score he felt would be high enough for the residents to understand the</p>	F 847		

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F 847	Continued From page 47 binding NJ Ex Order 26.4(b)(1) agreement and he stated they should have at least an 11. During an interview on 12/05/24 at 12:20 PM, the U.S. FOIA (b) (6) was informed of each of the instances in which the NJ Ex Order 26.4(b)(1) residents were assisted with signing the binding NJ Ex Order 26.4(b)(1) agreement. She stated it was not acceptable for the residents to sign the NJ Ex Order 26.4(b)(1) agreement if they did not have the NJ Ex Order 26.4(b)(1) it. She stated if the resident was not NJ Ex Order 26.4(b)(1) it and did not have a legal representative or the resident representative did not want to sign it, she would consider it a refusal.	F 847			
F 880 SS=D	NJAC 8:39-13.1(a) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents,	F 880		1/7/25	

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F 880	<p>Continued From page 48</p> <p>staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p>	F 880			

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F 880	<p>Continued From page 49</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, record review, interview, and facility policy review, the facility failed to have a NJ Ex Order 26.4(b)(1) resident in NJ Ex Order 26.4(b)(1) (Resident (R) 12) receiving NJ Ex Order 26.4(b)(1) out of 31 sample residents. This failure had the potential for cross contamination of residents, especially the vulnerable residents in the facility that receive NJ Ex Order 26.4(b)(1).</p> <p>Findings include:</p> <p>Review of R12's "Face Sheet," located under the "Profile" tab of the electronic medical record (EMR), revealed the resident was admitted on NJ Ex Order 26.4(b)(1) with diagnosis of NJ Ex Order 26.4(b)(1).</p> <p>Review of R12's annual "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Ex Order 26.4(b)(1) and located under the "MDS" tab of the EMR, revealed R12 had a "Brief Interview for Mental Status (BIMS)" score of NJ Ex Order 26.4(b)(1) out of 15, which indicated the resident was NJ Ex Order 26.4(b)(1). R12 was also coded as receiving NJ Ex Order 26.4(b)(1) while a resident in the facility.</p> <p>Review of R12's "Physician Order" located under the "Orders" tab in the EMR revealed an order,</p>	F 880	<p>NJ Ex Order 26.4(b)(1) per facility policy was initiated on 12/5/24 for Resident 12.</p> <p>All dialysis residents with access sites are potentially affected.</p> <p>All staff were inserviced by Infection Preventionist Nurse to ensure all dialysis residents with access sites have enhanced barrier precautions per facility policy.</p> <p>All dialysis residents with access sites will be placed on enhanced barrier precautions per facility policy. Unit Manager and/or designee will be responsible to assure residents with dialysis access sites are identified and have physicians order for enhanced barrier precautions on admission and with status changes.</p> <p>Infection Preventionist and/or designee will make rounds weekly on dialysis patients to assure compliance with enhanced barrier precautions. Results of these audits will be reported to the Administrator on a monthly basis.</p>		

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F 880	<p>Continued From page 50</p> <p>dated [redacted], which revealed [redacted] for [redacted] upon return from [redacted]...every evening shift Mon, Wed, Fri [Monday, Wednesday, Friday] Call MD [medical doctor] if [redacted]." There was no documentation of an order for [redacted] for R12.</p> <p>Review of R12's "Care Plan" located under the "Care Plan" tab in the EMR and dated [redacted], revealed "[R12] needs [redacted] r/t [related to] [redacted]." Interventions in place were "...Change [redacted] as needed ...Monitor/document/report to MD prn [as needed] any s/sx [signs or symptoms] of [redacted] to [redacted]..."</p> <p>During an observation on 12/02/24 at 11:20 AM and again on 12/03/24 at 9:29 AM, there was no signage on the door or wall outside of the resident's room or a caddy with [redacted] outside of the resident's room for the staff to use when delivering direct care to R12.</p> <p>During an interview on 12/05/24 at 12:45 PM, R12 stated, "They [staff] don't wear [redacted] when they are [redacted] or [redacted]. They use [redacted]"</p> <p>During an interview on 12/05/24 at 12:51 PM, Licensed Practical Nurse (LPN) 7 stated, "There is no reason for [redacted] [R12] to be [redacted], [R12] doesn't have a [redacted] or [redacted]"</p> <p>During an interview on 12/05/24 at 5:49 PM, LPN5 was asked if R12 needed to be in [redacted] due to being on [redacted] and the [redacted] being accessed three times a week by the [redacted] staff, LPN5 replied, "No,</p>	F 880	The Infection Preventionist will report the results of these audits quarterly during the QAPI meeting for the next 2 quarters. Evaluation by the committee to determine continuing frequency of audits.	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/05/2024
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE KEARNY, NJ 07032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 880	Continued From page 51 [R12] doesn't have to be in this NJ Ex Order 26.4(b)(1) ██████████."	F 880			
	During an interview on 12/05/24 at 8:05 PM, the U.S. FOIA (b) (6) stated, "According to the Centers for Disease Control and Prevention (CDC) guidelines, the resident doesn't have to be in NJ Ex Order 26.4(b)(1) ." Review of the facility's policy titled, "Infection Control - Standard Precautions, Enhanced Barrier Precautions and Transmission Based Precautions," dated 03/22/24 and provided by the facility, revealed " ...an infection control intervention designated to reduce transmission of multi-drug organisms (MDROs) that employs the use of gown and gloves during high-contact resident care activities ...EBP are indicated for residents with ...Residents with indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO ... Clear signage will be posted on the door or wall outside of the resident room indicating the type of precaution and required PPE [personal protective equipment]. A caddy containing PPE and other appropriate supplies will be placed near or outside the resident's room ...EBP are intended to be in place for the duration of a resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device."				
F 881 SS=E	NJAC 8:39-19.4 Antibiotic Stewardship Program CFR(s): 483.80(a)(3) §483.80(a) Infection prevention and control program.	F 881		1/7/25	

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F 881	<p>Continued From page 52</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, interview, and facility policy review, the facility failed to maintain a functional Antibiotic Stewardship Program that followed the "McGeer" criteria for antibiotic usage for four out of 12 months reviewed for tracking and trending of antibiotics of 88 census residents. This failure had the potential to affect residents being prescribed antibiotics that were potentially unnecessary.</p> <p>Findings include:</p> <p>Review of the "Antibiotic Orders Daily Log," provided by the facility and dated for the months of November 2023 through November 2024, revealed information contained on these logs were date, room number, resident's name, antibiotic ordered, diagnosis, facility acquired, or community acquired, stop date of the antibiotic, dose schedule of the antibiotic, number of treatment days, and the route of administration of the antibiotics.</p> <p>Review of the "Revised McGeer Criteria for Infection Surveillance Checklist," which was provided by the facility revealed the following: -For the month of January 2024, there was one McGeer surveillance form filled out but there were 36 facility acquired infections documented on the line listing. There was no documentation of 35 of</p>	F 881	<p>No residents were identified to be affected by the deficient practice.</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>All nurses and Infection Preventionist nurse were in-serviced by Director of Nursing on completing and submitting the Revised McGeer Criteria for Infection Surveillance Checklist. A Revised McGeer Criteria for Infection Surveillance Checklist is to be completed for each facility acquired infection by unit managers or designee.</p> <p>Infection preventionist nurse to ensure a Revised McGeer Criteria for Infection Surveillance Checklist is collected and reviewed for each facility acquired infection.</p> <p>Director of Nursing will audit Antibiotic Stewardship Program monthly to ensure a Revised McGeer Criteria for Infection Surveillance Checklist is completed for each facility acquired infection. Results of these audits will be reported to Administrator on a monthly basis.</p>		

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F 881	<p>Continued From page 53</p> <p>those infections to see if the infection met the McGeer criteria for being treated appropriately with an antibiotic.</p> <p>-For the month of February 2024, there was no documentation of the McGeer surveillance forms filled out for the month. However, the line listing for February revealed 24 facility acquired infections documented. These infections had no documentation if the infection met the McGeer criteria for being treated appropriately with antibiotics.</p> <p>-For the month of March 2024. There was no documentation of the McGeer surveillance forms filled out for the month however, the line listing for March revealed 18 facility acquired infections documented. These infections had no documentation if the infections met the McGeer criteria for being treated appropriately with antibiotics.</p> <p>-For the month of April 2024, there were two McGeer surveillance forms filled out but there were 23 facility acquired infections documented on the line listing. There was no documentation for 21 of those infections to see if the infection met the McGeer criteria for being treated appropriately with an antibiotic.</p> <p>During an interview on 12/05/24 at 7:27 PM, the U.S. FOIA (b) (6) nurse stated, "The unit managers fill out the McGeer's criteria for each of the facility acquired infections. In the beginning they were not submitting these to me on a regular basis; during these months [January 2024 through April 2024], we did education telling them they [Revised McGeer Criteria for Infection Surveillance Checklist] had to be filled out and started tracking, so now all the unit managers are responsible for doing these on their units ... For the months that the McGeer's wasn't filled out for,</p>	F 881	All findings will be reported and reviewed monthly and reported quarterly during the QAPI meeting for the next 2 quarters by DON or designee to the QAPI committee. Evaluation by the committee to determine continuing frequency of audits.		

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F 881	<p>Continued From page 54</p> <p>I don't know if the infections met criteria to be treated with an antibiotic or not."</p> <p>During an interview on 12/05/24 at 8:07 PM, the U.S. FOIA (b) (6) stated, "I expect my unit managers to fill out a McGeer's surveillance form with the appropriate information each time there is an antibiotic given to our residents then forward this to the IP nurse for her review."</p> <p>Review of the facility's policy titled, "Antibiotic Stewardship," dated 01/24 and was provided by the facility, revealed " ...Antibiotic stewardship is important to our nursing facilities because antibiotics are one of the most commonly prescribed medications. Overuse of antibiotics allows for drug-resistant strains of bacteria to emerge. When this happens, the result if increased hospitalizations, higher mortality, and escalating costs ..."</p> <p>NJAC 8:39-19.4(d)</p>	F 881			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315366	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/24/2025	Y3
NAME OF FACILITY ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE KEARNY, NJ 07032		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0578	Correction	ID Prefix F0623	Correction	ID Prefix F0625	Correction
Reg. # 483.10(c)(6)(8)(g)(12)(i)-(v)	Completed	Reg. # 483.15(c)(3)-(6)(8)	Completed	Reg. # 483.15(d)(1)(2)	Completed
LSC	01/07/2025	LSC	01/07/2025	LSC	01/07/2025
ID Prefix F0655	Correction	ID Prefix F0656	Correction	ID Prefix F0695	Correction
Reg. # 483.21(a)(1)-(3)	Completed	Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.25(i)	Completed
LSC	01/07/2025	LSC	01/07/2025	LSC	01/07/2025
ID Prefix F0761	Correction	ID Prefix F0847	Correction	ID Prefix F0880	Correction
Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.70(m)(1)(2)(i)(ii)(3)-(5)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed
LSC	01/07/2025	LSC	01/07/2025	LSC	01/07/2025
ID Prefix F0881	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.80(a)(3)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/07/2025	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/5/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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E 000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 12/03/24. The facility was found to be in compliance with 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 12/03/24 and the facility was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy.	K 000		
K 222 SS=F	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements:	K 222		1/7/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/27/2024

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.

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K 222	<p>Continued From page 1</p> <p>CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6</p> <p>SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4</p> <p>DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</p>	K 222			

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K 222	<p>Continued From page 2</p> <p>Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to meet the delayed egress locking requirements of NFPA 101 Life Safety Code (2012 Edition) Sections 19.2.2.2.4 and 7.2.1.6.1.1 when an exit door failed to sound an audible alarm after 15 seconds of pressure was applied. This deficient practice had the potential to affect staff and 12 residents.</p> <p>Findings include:</p> <p>An observation on 12/03/24 at 10:30 AM of the designated exit door for the exit between rooms 101 and 118, revealed the delayed-egress lock failed to initiate an audible alarm after pressure had been applied to the door. The signage for the door indicated the locks would unlock 15 seconds after pressure was applied and that an alarm would sound.</p> <p>During an interview at the time of the observation, the U.S. FOIA (b) (6) confirmed the finding and stated the facility was unaware the delayed egress lock was not functioning.</p>	K 222	<p>The delayed egress door for exit between rooms 101 and 118 was repaired to initiate an audible alarm after 15 seconds of pressure is applied to the door.</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>The Maintenance Director checked all delayed egress doors in the building to assure all had audible alarm after 15 seconds of pressure is applied to the door. All doors were found to be in working order.</p> <p>The Maintenance Director will make monthly rounds to ensure all delayed egress door initiates an audible alarm after 15 seconds of pressure is applied to the door.</p> <p>The Maintenance Director will report the results of these audits to the Administrator on a monthly basis.</p>		

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K 222	Continued From page 3	K 222			
	NJAC 8:39-31.1(c), 31.2(e)		The Maintenance Director will review the findings of the monthly audits at the Quarterly QAPI Meeting for the next 2 quarters.		
K 225 SS=F	Stairways and Smokeproof Enclosures CFR(s): NFPA 101 Stairways and Smokeproof Enclosures Stairways and Smokeproof enclosures used as exits are in accordance with 7.2. 18.2.2.3, 18.2.2.4, 19.2.2.3, 19.2.2.4, 7.2 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain the fire resistance rating of stairwells as required by NFPA 101 Life Safety Code (2012 Edition), Section 19.2.2.3, 19.2.2.4, and 7.2 when a door opening into the five-story stairwell was identified not to have the required fire exit hardware. The deficient practice had the potential to affect 40 residents. Findings include: An observation on 12/03/24 at 11:07 AM of the exit stairwell shared with the lower-level annex, revealed a door which did not have latching fire exit hardware on the door. The door was observed to be secured closed in the door frame by a magnetic locking device. During an interview at the time of the observation, the U.S. FOIA (b) (6) confirmed the finding	K 225	The proper latching fire exit hardware was installed on the stairwell lower-level annex door. All residents have the potential to be affected. The Maintenance Director audited all stairwell exit doors to assure they had a proper latching fire exit hardware. All other stairwell doors were found with proper latching hardware. The Maintenance Director will make monthly rounds to ensure the proper latching fire exit hardware is installed on all doors. The Maintenance Director will report the results of these audits to the Administrator	1/7/25	

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K 225	Continued From page 4 and stated the facility was unaware the door was required to have latching hardware to hold the door secure in the door frame. The U.S. FOIA (b) (6) stated the magnetic locking device would release upon the fire alarm's activation which would allow the door to swing freely into the exit stairwell. NJAC 8:39-31.2(e) NFPA 80	K 225	on a monthly basis. The Maintenance Director will review the findings of the monthly audits at the Quarterly QAPI Meeting for the next 2 quarters		
K 341 SS=F	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the smoke detectors and heat detectors were maintained in accordance with the applicable requirements of NFPA 101 (2012) 9.6, NFPA 70, National Electrical Code, and NFPA 72,	K 341	The smoke detector and heat detector devices were secured to the device base in the elevator equipment room. All residents have the potential to be	1/7/25	

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K 341	Continued From page 5 National Fire Alarm and Signaling Code. This deficient practice had the potential to affect 120 residents. Findings include: An observation on 12/03/24 at 11:45 AM revealed the smoke detector and heat detector, located in the elevator equipment room, were hanging from the wires, and not securely attached to the device base. During an interview at the time of the observation, the U.S. FOIA (b) (6) was not aware of the deficient installation. NJAC 8:39-31.1(c), 31.2(e) NFPA 70, 72	K 341	affected. The Maintenance Director audited all smoke and heat detector devices in the building to assure they were secured to the device base. No additional issues were identified. The Maintenance Director will make monthly rounds to ensure all smoke and heat detector devices are properly secured to the device base. The Maintenance Director will report the results of these audits to the Administrator on a monthly basis. The Maintenance Director will review the findings of the monthly audits at the Quarterly QAPI Meeting for the next 2 quarters.		
K 352 SS=F	Sprinkler System - Supervisory Signals CFR(s): NFPA 101 Sprinkler System - Supervisory Signals Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the sprinkler system was	K 352	Two tamper switches and two fire sprinkler control valve signs on the OS&Y	1/7/25	

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K 352	<p>Continued From page 6</p> <p>electronically supervised in accordance NFPA 101 (Life Safety Code) 2012 Edition, Section 19.3.5.1 and section 9.7. This deficient practice had the potential to affect 88 residents.</p> <p>Findings include:</p> <p>An observation on 12/03/24 at 1:30 PM revealed the domestic and sprinkler riser water line shared the same main water line from the city. The water line for the sprinkler system was observed to have had two unsupervised outside screw and yoke (OS&Y) valves. Without the supervisory devices on the OS&Y, the nursing home staff would not know the sprinkler system was impaired, i.e. the flow of water cutoff. The main water riser room for both the nursing home and corporate offices for the domestic and sprinkler water system was in a corporate office storage room.</p> <p>During an interview at the time of the observation, the U.S. FOIA (b) (6) confirmed the unsupervised OS&Y valves were on the water line for the facility sprinkler system.</p> <p>NJAC 8:39-31.1(c), 31.2(e) NFPA 13, 25, 72</p>	K 352	<p>valves coming from the street were installed.</p> <p>All residents have the potential to be affected</p> <p>The Maintenance Director will make monthly rounds to ensure all the automatic sprinkler system supervisory attachment are properly installed.</p> <p>The Maintenance Director will report the results of these audits to the Administrator on a monthly basis.</p> <p>The Maintenance Director will review the findings of the monthly audits at the Quarterly QAPI Meeting for the next 2 quarters.</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315366	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	DATE OF REVISIT 1/24/2025
Y1	Y2	Y3
NAME OF FACILITY ALARIS HEALTH AT BELGROVE		STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE KEARNY, NJ 07032

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0222	01/07/2025	LSC K0225	01/07/2025	LSC K0341	01/07/2025
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC K0352	01/07/2025	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/5/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		