STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315300	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT HAMILTON PARK	**525 MONMOUTH STREET , JERSEY CITY, New Jersey, 07302**

(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
F0000	INITIAL COMMENTS A Complaint Survey was conducted on behalf of the New Jersey Department of Health. Complaint #: NJ00163761, NJ00164498, NJ00166962, NJ00169286, NJ00169864, NJ00170274, NJ00171621, NJ00172253, NJ00172713, NJ00173950, NJ00176581, NJ00176881, NJ00178517, NJ00179251, and NJ00182109. Survey Dates: 02/19/25 to 02/21/25 Survey Census: 160 Sample Size: 27 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F0000		
F0609 SS = D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials	F0609	1. Resident #5 was already reported and investigation completed regarding the [redacted] 2. All residents have the potential to be affected. 3. The [redacted] were in-serviced by Regional Director of Education on initiating the investigation of the potential abuse incident, determine the necessary response, and timely reporting to the office of the Ombudsman and New Jersey Department of Health. The Administrator inserviced all Department Heads and Unit Managers on the Abuse Policy and on proper completion of investigations and the importance of timely reporting of the alleged	03/21/2025

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 reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315300	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/21/2025

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F0609 SS = D	Continued from page 1 (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is NOT MET as evidenced by: Based on interviews, record review, and policy review, the facility failed to ensure a potential NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1 by staff was reported timely to the State Survey Agency (SSA) when a resident NJ Exec Order 26.4b1 an NJ Exec Or during NJ Exec Order 26.4b1 care for one of three residents reviewed for NJ Exec Orde (Resident (R) 5) out of 27 sampled residents. This failure increased the risk of other NJ Exec Order 26.4b residents being NJ Exec Order 26.4b1. Findings include: Review of R5's undated "Admission Record" located in the electronic medical record (EMR) under the "Profile" tab, revealed R5 was admitted on NJ Exec Order 26. Review of R5's quarterly "Minimum Data Set (MDS)" with an assessment reference date (ARD) of NJ Exec Order 26., located in the EMR under the "MDS" tab, revealed R5's "Brief Interview for Mental Status (BIMS)" score was NJ Exe out of 15 which indicated he/she was NJ Exec Order 26.4b1. Review of R5's "IDT [Interdisciplinary Team] Note," dated NJ Exec Order 26., located in the EMR under the "Prog Note" tab, revealed ". . . 5:45 AM [CNA (certified nurse aide) 2] called this nurse attention and as per [CNA2] that while she was NJ Exec Order 26.4 him/her, the resident was NJ Exec Orde his/her NJ Exec Order 26.4b1 towards [CNA#2] and suddenly she NJ Exec Ord like a NJ Exec O in the resident's NJ Exec Order 26.4b at NJ Exe side of his/her NJ Exec resident was not NJ Exec Order 26. nor NJ Exec Order 26.4 but sometimes has the NJ Exec Order 26.4 to NJ Exec his/her NJ Exec every time he/she is being NJ Exec Order 26.4 resident was	F0609	Continued from page 1 violation of potential abuse to the Administrator and Director of Nursing. The Assistant Director of Nursing inserviced all staff on the Abuse Policy, Reporting and Investigation process. and on proper completion of investigations and the importance of timely reporting of the alleged violation of potential abuse to the Administrator and Director of Nursing. The Director of Nursing (DON) or designee will conduct an audit of 10 incident reports monthly for three months to ensure compliance with proper reporting and accuracy. The Administrator and Director Nursing will audit each abuse investigation to ensure that allegation was reported on a timely basis. 4. The Administrator and the Director of Nursing will record results of the abuse investigation audits on a monthly audit tool. The Director of Nursing will report the results of the incident report audits to the Administrator on a monthly basis. All findings will be reported quarterly during the QAPI meeting for the next 2 quarters by the Administrator and Director of Nursing. The QAPI committee will evaluate to determine continuing frequency of audits.	03/21/2025

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F0609 SS = D	Continued from page 2 NJ Exec Orde to NJ Exec Order what really happened; assessment done; NJ Exec Order 26.4b1 resident c/o [complained of NJ Exec Order 26.4b1, no sign of NJ Exec Order 26 observed; NJ Exec Order 26.4b1] given for NJ Exec O made NJ Exec Order 26.4b1 to bed; instructed for safety measures, call light within reach for assistance, made NJ Exec Order 26.4b1 to bed, nursing supervisor made aware, U.S. FOIA (b)(6) called but unable to reach him, NJ Exec ordered, endorsed it accordingly to the next shift." Review of R5's "Discharge Summary," dated NJ Exec Order 26, located in the EMR under the "Assessment" tab revealed admitted to the NJ Exec Order 2 for NJ Exec Order 26.4b1. Review of R5's "IDT Note," dated NJ Exec Order 26.4b located in the EMR under the "Prog Note" tab, revealed "[R5] was readmitted to the facility on NJ Exec Orde from [the NJ Exec Order 26 with dx [diagnosis] of NJ Exec Order 26.4b1 Review of R5's NJ Exec Order 26 Record," dated NJ Exec Order 26.4, provided by the facility, revealed R5 was found to have a NJ Exec Order 26.4b1 and sent to the NJ Exec Order 26.4b1 showed a NJ Exec Order 26.4b1, and R5 was admitted to the NJ Exec Order 26 NJ Exec Order 26 was applied in the NJ Exec and planning for NJ Exec Order 26.4b1 and NJ Exec Order 26.4b Review of the facility's "Reportable Event Record/Report," dated NJ Exec Order 26.4 provided by the facility, revealed the event occurred on NJ Exec Order 26 at 6:51 AM, the significant event was called in to the SSA on NJ Exec Order 26.4 at 7:55 PM, the follow-up report was dated NJ Exec Order 26.4 and the type of incident was marked as NJ Exec Order The description of the event in the report revealed "on NJ Exec Order 26.4 around 6:51 AM, [R5] was receiving AM care from U.S. FOIA When [CNA2] went to go NJ Exec Order 2 the patient, the patient tried to NJ Exec her from the NJ Exec and NJ Exec Order 2 The CNA NJ Exec Ord a NJ Exec Order 26.4b1 when he/she NJ Exec Order her with the NJ Exec O The nurse was alerted and an assessment was done. There was NJ Exec Order 26.4b1 to his/her NJ Exec Order 26.4b and no signs of NJ Exec Order 26 were observed. U.S. FO was made aware and patient was sent out to [the	F0609		03/21/2025

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F0609 SS = D	Continued from page 3 NJ Exec Order 26.4b1 We received the results of the NJ Exec O back and the patient was NJ Exec Order 2 for a NJ Exec Order 26.4b1 . Patients' diagnosis includes, NJ Exec Order 26.4b1 Patient has a BIMS of NJ Exec Order The interventions that were implemented after the incident listed in the report included "1. NJ Exec O assessment was done, [R5] complained o NJ Exec Orde . 2. Patient was treated for his/her NJ Exec O 3. Physician and family were called. 4. Ombudsman notified. 5. NJ Exec Order 26.4b1 given. 6. Patient transferred to the NJ Exec Order 26 on NJ Exec Order 26 , received results NJ Exec Order 26.4b1 . 7. In-services done for: NJ Exec Order 26.4b1 safe NJ Exec Order 2 technique, and for patients who are exhibiting NJ Exec Order 26.4b1 8. Care plan will be updated upon return." Review of R5's "Incident Report," dated NJ Exec Order 26 , provided by the facility, revealed Licensed Practical Nurse (LPN) 4 was notified by CNA2 that while NJ Exec Order 26.4 R5 he/she tried to NJ Exec Order 2 and suddenly NJ Exec Orde NJ Exec Orde a NJ Exec O like a NJ Exec O or NJ Exec O on the resident's NJ Exec Orde and NJ Exec Order 26.4b1 of NJ Exec O in his/her NJ Exec Orde . LPN4 asked R5 what happened, but he/she was NJ Exec Order 26.4b1 what happened. During an interview on 02/20/24 at 3:15 PM, CNA2 stated that R5 NJ Exec Order 26 her by her NJ Exec Order NJ Exec O his/her NJ Exec Orde and NJ Exec Orde his/her NJ Exec O to the NJ Exec NJ Exec Orde his/her NJ Exec Orde in the NJ Exe and then CNA2 NJ Exec Orde a NJ Exec Order 26.4b1 in the R5's NJ Exec Order 26.4b1 . CNA2 also stated she notified LPN 4 of the NJ Exec Or immediately and then LPN 4 assessed R5 in the room. During an interview on 12/21/25 at 11:21 AM, the former U.S. FOIA (b)(6) indicated he did not identify the NJ Exec Order 26.4b1 to R5 during care by CNA2 as potential NJ Ex Order 26.4(b)(1) NJ Exec Orde so he did not call it in within two hours as required and did not submit the report NJ Exec Order 26.4b1 via email to the SSA. The U.S. FOIA (b)(6) stated R5 was NJ Exec Order 26.4b and there were no witnesses when CNA2 was providing care to R5 so he should have reported and investigated the incident as potential staff to resident NJ Exec Orde In a dual interview on 02/21/25 at 12:02 PM with the U.S. FOIA (b)(6) , they indicated the former U.S. FOIA (b)(6) did not call in the injury within the required two hours and did not submit the reportable to the State Survey	F0609		03/21/2025

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F0609 SS = D	Continued from page 4 Agency (SSA) as staff to resident [NJ Exec Orde] because R5 [NJ Exec Order 26.4b] a [NJ Exec Order 2] to the [NJ Exec Order 26.4] due to trying to [NJ Exec] CNA2 during [NJ Exec Order 26.4b1] care and staff to resident [NJ Exec Orde] was not [NJ Exec Order 26.4b1] Review of the facility's policy titled "Abuse Prevention Program," revised 02/08/23, provided by the facility, revealed ". . . Abuse Prevention Program - Part VIII Reporting/Response Every staff member will report any allegation of abuse to the Administrator, DON or Supervisor/Designee. . . . When an incident is reported to the Supervisor, the Supervisor is responsible for ensuring that the resident is safe and will notify the Administrator as well as the DON, or their designees . . . The Administrator and DON will initiate the investigation of the potential abuse incident, determine the necessary response, and report to the office of the Ombudsman, the Department of Health and Senior Services, and to all other required agencies such as, law enforcement with-in specified timeframes including Peggy's Law. Alleged violations involving abuse, neglect, ex-ploitation or mistreatment, including injuries of unknown source and misappropriation of resi-dent property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. The results of the investigation are reported within 5 working days of the incident . . . " NJAC 8:39-9.4(f)	F0609		03/21/2025
F0610 SS = D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.	F0610	1.Resident #5 was already reported and investigation was completed regarding the [NJ Exec Order 26.4b1]. CNA #2 was retrained by Assistant Director of Nursing on Abuse Policy and resident handling techniques. 2. All residents have the potential to be affected. 3. The Regional Director of Education inserviced the [U.S. FOIA (b)(6)] and all Department Heads and Unit Managers on the Abuse Policy. Inservice included suspension of the alleged perpetrator during the investigation.	03/21/2025

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F0610 SS = D	Continued from page 5 §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is NOT MET as evidenced by: Based on interviews, record review, and policy review, the facility failed to protect other residents by NJ Exec Order 26.4b1 the NJ Exec Order 26.4b1 during the investigation for one of three residents reviewed for NJ Exec Order 26.4b1 (Resident (R) 5) out of 27 sampled residents. This failure increased the risk of other NJ Exec Order 26.4b1 residents being NJ Exec Order 26.4b1. Findings include: Review of R5's undated "Admission Record" located in the electronic medical record (EMR) under the "Profile" tab, revealed R5 was admitted on NJ Exec Order 26.4b1. Review of R5's quarterly "Minimum Data Set (MDS)" with an assessment reference date (ARD) of NJ Exec Order 26.4b1, located in the EMR under the "MDS" tab revealed R5's "Brief Interview for Mental Status (BIMS)" score was NJ Exec Order 26.4b1 out of 15 which indicated she was NJ Exec Order 26.4b1. Review of R5's "IDT [Interdisciplinary Team] Note," dated NJ Exec Order 26.4b1, located in the EMR under the "Prog Note" tab, revealed ". . . 5:45 AM [Certified Nurse Aide (CNA) 2] called this nurse attention and as per [CNA2] that while she was NJ Exec Order 26.4b1 him/her, the resident was NJ Exec Order 26.4b1 his/her NJ Exec Order 26.4b1 towards her and suddenly she NJ Exec Order 26.4b1 in the resident's NJ Exec Order 26.4b1; resident was not NJ Exec Order 26.4b1 nor NJ Exec Order 26.4b1 but sometimes has the tendency to NJ Exec Order 26.4b1 every time he/she was being NJ Exec Order 26.4b1 resident was NJ Exec Order 26.4b1 what really happened; assessment done; NJ Exec Order 26.4b1 , made NJ Exec Order 26.4b1 to bed; instructed for safety measures, call light within reach for assistance, made NJ Exec Order 26.4b1 to bed, nursing	F0610	Continued from page 5 The U.S. FOIA (b)(6)) and U.S. FOIA (b)(6) were inserviced by Administrator to ensure that all abuse allegations are immediately escalated to Administrator for appropriate action and suspension of any alleged perpetrator pending investigation. The Administrator and Director of Nursing will audit each abuse investigation on a monthly basis to ensure proper handling and suspension of staff involved as needed. 4. The Administrator and the Director of Nursing will record results of the abuse investigation audits on a monthly audit tool. All findings will be reported during the QAPI meeting for the next 2 quarters by the Administrator. The QAPI committee will evaluate to determine continuing frequency of audits.	03/21/2025

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F0610 SS = D	Continued from page 6 supervisor made aware, [U.S. FOIA (b)(6)] called but unable to reach him, [NJ Exec Order 26.4b1] ordered, endorsed it accordingly to the next shift." Review of R5's "Discharge Summary," dated [NJ Exec Order 26.4] located in the EMR under the "Assessment" tab revealed admitted to the [NJ Exec Order 2] for [NJ Exec Order 26.4b1]. Review of R5's "IDT Note," dated [NJ Exec Order 26], located in the EMR under the "Prog Note" tab, revealed "[R5] was readmitted to the facility on [NJ Exec Order] from [the [NJ Exec Order 26] with dx [diagnosis] of [NJ Exec Order 26.4b1] [redacted]." Review of R5's [NJ Exec Order 26] Record," dated [NJ Exec Order 26.4], provided by the facility, revealed R5 was found to have a [NJ Exec Order 26.4b1] and sent to the [NJ Exec Order 26.4b1] of the [NJ Exec Order 26.4] showed a [NJ Exec Order 26.4b1]. [NJ Exec Order 26] was applied in the ED, and planning for [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b] [redacted] Review of the facility's "Reportable Event Record/Report," dated [NJ Exec Order 26], provided by the facility, revealed the significant event was called in on [NJ Exec Order 26.4] at 7:55 PM and the type of incident was marked as [NJ Exec Order]. The description of the event revealed "on [NJ Exec Order 26.4] around 6:51AM, [R5] was receiving AM care from [U.S. FOIA]. When [CNA2] went to go [NJ Exec Order 2] the patient, the patient tried to [NJ Exec Order 2] from the [NJ Exec] and [NJ Exec Order 2]. The CNA [NJ Exec Ord] a [NJ Exec Order 26] [redacted] when he/she [NJ Exec Order] her with the [NJ Exec] The nurse was alerted and an assessment was done. There was [NJ Exec Order 26.4b1] and no signs of [NJ Exec Order 26] were observed. [U.S. FO] was made aware and patient was sent out to [the [NJ Exec Order 26] We received the results of the [NJ Exec] back and the patient was [NJ Exec Order 2] for a [NJ Exec Order 26.4b1] [redacted] Patients' diagnosis includes, [NJ Exec Order 26.4b1] [redacted] Patient has a BIMS of [NJ Exec Order] The listed interventions that were implemented after the incident were "1. [NJ Exec O] assessment was done, [R5] complained o [NJ Exec Order 26.4b1] 2. Patient was treated for his/her [NJ Exec O] 3. Physician and family were called. 4. Ombudsman notified. 5. [NJ Exec Order 26.4b1] given. 6. Patient transferred to [the [NJ Exec Order 26] on [NJ Exec Order 26],	F0610		03/21/2025

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F0610 SS = D	Continued from page 7 received results of NJ Exec Order 26.4b1, 7. In-services done for: NJ Exec Order 26.4b1 safe NJ Exec Order 2 technique, and for patients who are exhibiting NJ Exec Order 26.4b 8. Care plan will be updated upon return." Review of the resident interviews, dated NJ Exec Order 26.4, provided by the facility, revealed the U.S. FOIA (b)(6) interviewed three residents on NJ Exec Order 26 and they reported no issues with care or NJ Exec Orde by CNA2. Review of CNA2's "Personnel File" provided by the facility revealed there were no disciplinary warning notices or evidence CNA2 was NJ Exec Order 26.4b1 during the investigation. Review of CNA2's "Time Card Report" provided by the facility revealed she worked on NJ Exec Order 26.4 during the dates of the investigation. During an interview on 02/20/24 at 3:15 PM, CNA2 stated R5 NJ Exec Order 26 her by her NJ Exec Order NJ Exec O her NJ Exe and NJ Exec Orde his/her NJ Exec O to the NJ Exec NJ Exec Orde his/her NJ Exec Order 26.4b1, and then CNA2 NJ Exec Orde a NJ Exec Order 26.4b in the R5's NJ Exec Order 26.4b1. CNA2 stated she was interviewed and provided a handwritten statement. CNA2 indicated she was not NJ Exec Order 26.4b1 during the investigation, she worked on the same floor after R5 returned from the NJ Exec Order2 to the facility, however, she was not assigned to R5 again. During an interview on 02/21/25 at 11:21 AM, the former U.S. FOIA (b)(6) indicated he was the NJ Exec Orde coordinator when he worked at the facility and that he did not identify the NJ Exec Order 26.4b1 to R5 during care by CNA2 as potential staff to resident NJ Exec Orde so he investigated it as an NJ Exec Orc The U.S. FOIA (b)(6) stated he did not NJ Exec Order 26 CNA2 during the investigation because he did not suspect staff to resident NJ Exec Orde based on interviews with staff of R5's NJ Exec Order 26.4b of NJ Exec Orc and NJ Exec Orde while providing care, discussions with the U.S. FOIA (b)(6) and review of the R5's EMR. Review of the facility's policy titled "Abuse Prevention Program," revised 02/08/23, provided by the facility, revealed ". . . Abuse Prevention Program - Part VI - Protection Procedure: When a potential abuse incident is reported, the immediate priority is	F0610		03/21/2025

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F0610 SS = D	Continued from page 8 the safety of the resident(s), who is to be removed from potential danger. The alleged victim will be immediately examined for any sign of injury, including a physical examination or psychosocial assessment if needed and provided with medical treatment as necessary. . . Staff members being investigated for possible involvement in abuse will be immediately suspended pending the results of the investigation . . ." NJAC 8-39-27.1	F0610		03/21/2025
F0686 SS = D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is NOT MET as evidenced by: Based on record review, interview, and facility policy review, the facility failed to ensure one (Resident (R) 13) out of three residents reviewed for [redacted] had timely assessments and monitoring of the [redacted] out of a total sample of 27 residents. This had the potential for the [redacted] to [redacted] and [redacted] treatment. Findings include: Review of R13's "Admission Record" located in the electronic medical record (EMR) under the "Profile" tab revealed the resident was admitted to the facility on [redacted].	F0686	1.Resident #13 was discharged from the facility on [redacted]. All current residents with [redacted] were reassessed by the [redacted] care nurse. 2. All residents with wounds have the potential to be affected. 3. The Assistant Director of Nursing inserviced all nurses in regard to pressure ulcer prevention, timely and appropriate assessments, monitoring and documentation in the Electronic Medical Record(EMR). The Director of Nursing or designee will audit 5 residents per month with pressure ulcers to ensure timely assessments and monitoring of pressure ulcers. 4. The Director of Nursing will report the results of the audits to the Administrator monthly. All findings of the audit will be reported quarterly during the QAPI meeting for the next 2 quarters by the Director of Nursing. The QAPI committee will evaluate to determine continuing frequency of audits.	03/21/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315300	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT HAMILTON PARK	525 MONMOUTH STREET , JERSEY CITY, New Jersey, 07302

(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
F0686 SS = D	Continued from page 9 Review of R13's admission "Minimum Data Set (MDS)" located in the EMR under the "MDS" tab with an assessment reference date (ARD) of [redacted] revealed a "Brief Interview for Mental Status (BIMS)" score of [redacted] out of 15 indicating the resident was [redacted]. The "MDS" further revealed the resident had [redacted] Review of R13's "Admit/Readmit Screener - V3" dated [redacted] and located in the EMR under the "Assessment" tab revealed the resident was admitted from the [redacted] with a diagnosis of a [redacted] The "Assessment" revealed the resident had a [redacted] a [redacted] to the [redacted]) by [redacted] with [redacted] in [redacted] and a [redacted] with [redacted] in [redacted] There was no description in the assessment of the [redacted] Review of R13's "Care Plan" located in the EMR under the "Care Plan" tab with an initiated date of [redacted] revealed the resident had a [redacted] in [redacted] due to [redacted], one on the [redacted] and [redacted]. The goal revealed the [redacted] would remain free of [redacted] Interventions included to assess and to monitor the [redacted] for signs and symptoms of [redacted] assess, record, and monitor [redacted] healing; weekly [redacted] report; and notify physician for any changes. Review of R13's "[redacted] Report" dated [redacted] and located in the EMR under the "Assessment" tab revealed the resident had a [redacted] by [redacted] in [redacted] and a [redacted] to the [redacted] The "[redacted] Report" indicated there were no signs or symptoms of [redacted] and both [redacted] were present upon admission. Both [redacted] were noted to be treated with [redacted]	F0686		03/21/2025

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F0686 SS = D	Continued from page 10 Review of R13's "Physician Progress Note" dated [redacted] and located in the EMR under the "Progress Notes" tab revealed the resident was seen in his/her room on [redacted] rounds. The note revealed R13 had a [redacted] twice a day.	F0686		03/21/2025
	Review of R13's "Physician Progress Note" dated [redacted] at 1:55 PM and located in the EMR under the "Progress Notes" tab revealed the resident was seen at the bedside. R13 reported [redacted] around the [redacted]. The note revealed to continue [redacted] care and [redacted] management. There was no description of the [redacted] or [redacted] noted.			
	Review of R13's "Skilled Need Note - V1" dated [redacted] 10:42 PM located in the EMR under the "Misc" tab revealed the resident was started on [redacted] for a [redacted] There was no documentation to indicate which [redacted] was [redacted] or any other assessment of the [redacted] noted.			
	Review of R13's EMR revealed no further complete [redacted] assessments since [redacted] had been completed.			
	Review of R13's "Medication Administration Record (MAR)" for [redacted] located in the EMR under the "Orders" tab revealed the resident received the [redacted] as ordered on [redacted] and [redacted]			
	Review of R13's "Treatment Administration Record (TAR)" for [redacted] located in the EMR under the "Orders" tab revealed the orders for treatment to the resident's [redacted] were completed as ordered, however, there was no description of either [redacted].			
	During an interview on 02/21/25 at 9:20 AM, Licensed Practical Nurse/Unit Manager (LPN3/UM) confirmed R13 was admitted to the facility with [redacted], [redacted] to the [redacted] and [redacted] to the [redacted]. LPN3/UM confirmed there			

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F0686 SS = D	Continued from page 11 were no further complete[NJ Exec Orde] assessments of the [NJ Exec Order 26.4b1] since [NJ Exec Order 26.] and there should have been one completed at least on [NJ Exec Order 26] and/or when the treatments were completed. She further confirmed the resident was started on an [NJ Exec Order 26] on [NJ Exec Order 26] for a [NJ Exec Order 26.4b1], however there was no documentation to show what the [NJ Exec Order 26.4b1] showed to indicate they were infected. She revealed she would interview the nurses who took care of the resident and report any further information on R13's [NJ Exec Order 26.4b1]. There was no further information received regarding R13's [NJ Exec Order 26.4b1] and the lack of complete assessments of [NJ Exe] NJ Exec Order 26.4b1 by the exit of the survey. Review of the facility policy titled, "Pressure Ulcer (Injury) Prevention Program Policy," last revised in 2025 revealed, "This facility shall have a system in place that assures assessments are timely and appropriate; interventions are implemented, monitored, and revised as appropriate; and changes in condition are recognized, evaluated, reported to the residents attending practitioner and other healthcare professionals as appropriate . . . Procedure: Nursing Staff shall include . . . Daily monitoring of Pressure Ulcer (Injury) shall include . . . observe for signs of increasing area of ulceration or soft tissue infection, i.e., increased redness or swelling around the wound or increased drainage from the wound . . . with each dressing change, or at least weekly, the pressure ulcer (injury) wound shall be assessed and documented . . . staff shall remain alert to potential changes in residents' skin condition and shall evaluate and document identified changes on a daily basis . . . Documentation: document treatment, dressing changes, location, and size of pressure ulcer (injury), depth (if applicable), exudate, staging or unstageable or deep tissue injury, presence of tunneling or undermining, condition of skin . . . note any change in the condition or size of the ulcer (injury). NJAC 8:39-25.2(b); 27.1(e)	F0686		03/21/2025
F0690 SS = D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain	F0690	1. Resident #8 was already discharged from the facility at the time of the survey. All current residents on [NJ Exec Order 26.4b1] were reassessed for proper orders for [NJ Exec Order 26] care and monitoring of [NJ Exec Order 26.4b1].	03/21/2025

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ALARIS HEALTH AT HAMILTON PARK	**525 MONMOUTH STREET , JERSEY CITY, New Jersey, 07302**

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F0690 SS = D	Continued from page 12 continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is NOT MET as evidenced by: Based on record review, interview, and review of the Centers for Disease Control and Prevention (CDC) guidelines, the facility failed to ensure [NJ Exec Order 26.4b] [redacted] was completed and [NJ Exec Orde] [redacted] was monitored as ordered for one of three residents (Resident (R) 8) reviewed for [NJ Exec Order 26] care out of a total sample of 27 residents. This had the potential for the resident to be susceptible for a NJ Exec Order 26.4b1 [redacted] status issues. Findings include: Review of R8's "Admission Record" located in the electronic medical record (EMR) under the "Profile" tab revealed the resident was readmitted from the [NJ Exec Order 2] [redacted] on [NJ Exec Order 26.4] [redacted] and discharged on [NJ Exec Order 26.4] [redacted]. Diagnoses included [NJ Exec Order 26.4b1] [redacted] of the [NJ Exec] [redacted] and [NJ Exec Order 26.4b1] [redacted] of the [NJ Exec] [redacted] and [NJ Exec Orde] [redacted], and [NJ Exec Ord] [redacted]	F0690	Continued from page 12 2. All residents with urinary catheters have the potential to be affected. 3. The Assistant Director of Nursing inserviced all nurses on management of indwelling catheters which includes proper catheter care and documentation of monitoring of urinary output. The Unit Manager, or designee will review 5 residents per month with catheters to ensure proper physician orders for catheter care and monitoring of urinary output is documented in the Treatment Administration Record (TAR). 4. The Unit Manager will report the results of the audits to the Director of Nursing on a monthly basis. All findings of the audit will be reported quarterly during the QAPI meeting for the next 2 quarters by the Director of Nursing. The QAPI committee will evaluate to determine continuing frequency of audits.	03/21/2025

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F0690 SS = D	Continued from page 13 NJ Exec Orde Review of R8's "Care Plan" revised on NJ Exec Order 26 located in the EMR under the "Care Plan" tab revealed the resident had an NJ Exec Order 26.4b1 . Interventions include to NJ Exec Order 2 the NJ Exec Order 26 every NJ Exec O day of each month and as needed; position NJ Exec Order 26.4b1 and NJ Exec Orde NJ Exec Orde the level of the NJ Exec Order 26 NJ Exec Order 26.4b1 every week and as needed; check NJ Exec Orde for NJ Exec O each shift; and monitor/record/report to the physician for signs and symptoms of NJ Exec Order 26.4b1 . Review of R8's significant change "Minimum Data Set (MDS)" located in the EMR under the "MDS" tab with an Assessment Reference Date (ARD) of NJ Exec Order 26 revealed a "Brief Interview for Mental Status (BIMS)" score of NJ Exec O out of 15 indicating NJ Exec Order 26.4b1. The "MDS" revealed the resident had an NJ Exec Order 26.4b1. Review of R8's "Treatment Administration Record (TAR)" for the month of NJ Exec Order 26.4b1, located in the EMR under the "Orders" tab, revealed orders for NJ Exec Order 26 care and monitoring of NJ Exec Order 26.4b1 was not ordered until NJ Exec Order 26. During an interview on 02/21/25 at 10:35 AM, Licensed Practical Nurse/Unit Manager (LPN3/UM) confirmed R8 was readmitted to the facility on NJ Exec Order 26 with an NJ Exec Order 26.4b1 for NJ Exec Order . She confirmed there were no orders or documentation of NJ Exec Order 26.4b1 ordered unti NJ Exec Order 26.4. She confirmed the "Care Plan" included interventions for the NJ Exec Order 26 care. LPN3/UM said the order for the "TAR" must have been missed when the resident was readmitted from the NJ Exec Order 2 or NJ Exec Order 26.4b Review of the CDC guidelines at https://www.cdc.gov/infection-control/hcp/cauti/summary-of-recommendations for the management of indwelling catheters revealed to empty the collection bag regularly, clean the catheter and surrounding area daily, and to monitor urine output and drainage system regularly. A request for NJ Exec Order 26 care policy was not received	F0690		03/21/2025

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F0690 SS = D	Continued from page 14 by the exit of the survey. NJAC 8:39-27.1(f)	F0690		03/21/2025
F0881 SS = D	Antibiotic Stewardship Program CFR(s): 483.80(a)(3) §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)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use. This REQUIREMENT is NOT MET as evidenced by: Based on record review, interview, review of the Centers for Disease Control and Prevention (CDC) guidance criteria for NJ Ex Order 26.4(b)(1), and facility policy review, the facility failed to ensure one of one resident (Resident (R) 13) reviewed for NJ Exec Order 26. stewardship out of a total sample of 27 residents had documentation to support the resident met the criteria before being prescribed an NJ Exec Order 26. for a NJ Exec Order 26.4b1. This had the potential to cause the resident to be prescribed an NJ Exec Order 26. that was potentially unnecessary. Findings include: Review of R13's "Admission Record" located in the electronic medical record (EMR) under the "Profile" tab revealed the resident was admitted to the facility on NJ Exec Order 26.4b1. The resident was admitted from the NJ Exec Order 2. after a NJ Exe. at NJ Exec Ord. which required NJ Exec Order 2. of his/her NJ Exec Orde.. Review of R13's admission "Minimum Data Set (MDS)" located in the EMR under the "MDS" tab with an Assessment Reference Date (ARD) NJ Exec Order 26.4b1 revealed a "Brief Interview for Mental Status (BIMS)" score of NJ E. out of 15 indicating the resident was NJ Exec Order 26.4b1. The "MDS" further revealed the resident had NJ Exec Order 26.4b1	F0881	1. Resident # 13 was already discharged from the facility prior to the survey. All current residents receiving NJ Exec Order 26.4b were reassessed for proper documentation to support if resident met criteria before being prescribed an NJ Exec Order 26.4b 2. All residents receiving antibiotics have the potential to be affected. 3. All nurses and the U.S. FOIA (b)(6) were in-serviced by Director of Nursing on completing proper documentation of signs and symptoms of infection in accordance with the CDC Surveillance definitions for specific types of infections; decubitus ulcer infection criteria. The Infection Preventionist nurse or designee will review all new antibiotic prescriptions daily to ensure a McGeer Criteria for Infection Surveillance Checklist is reviewed for each facility acquired infection and antibiotic treatment has proper documentation and meets criteria. The Director of Nursing, or designee will review 10 residents per month receiving antibiotics for proper documentation of signs and symptoms of infection to support meeting criteria in the Electronic Medical Record EMR and on the Mc Geers form. 4. The Director of Nursing will report the results of the audits to the Administrator monthly. All findings of the audit will be reported quarterly during the QAPI meeting for the next 2 quarters by the Director of Nursing. The QAPI committee will evaluate to determine continuing frequency of audits.	03/21/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315300	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/21/2025

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F0881 SS = D	Continued from page 15 Review of R13's "Care Plan" located in the EMR under the "Care Plan" tab with an initiated date of [redacted] revealed the resident had a [redacted] in [redacted] due to NJ Exec Order 26.4b1 , [redacted] on the [redacted] and [redacted] to the [redacted]. The goal revealed the [redacted] would remain free of [redacted] Interventions included to assess and monitor the [redacted] for signs and symptoms of [redacted] Assess, record, and monitor [redacted] Weekly [redacted] report and notify physician for any changes. Review of R13's "[redacted] Report" dated [redacted] located in the EMR under the "Assessment" tab revealed the resident had a [redacted] and a [redacted] The "[redacted] Report" indicated there was no signs or symptoms of [redacted]. Review of R13's "Physician Progress Note" dated [redacted] located in the EMR under the "Progress Notes" tab revealed the resident was seen in his/her room on [redacted] rounds. The note revealed the resident had a [redacted] and [redacted]. The [redacted] were noted with a [redacted] There was no further documentation to indicate either [redacted] was [redacted]. Review of R13's "Physician Progress Note" dated [redacted] at 1:55 PM located in the EMR under the "Progress Notes" tab revealed the resident was seen at the bedside. The resident reported [redacted]. The note revealed to continue [redacted] care and [redacted]. There was no description of the [redacted] or measurements noted. Review of R13's "Skilled Need Note - V1" dated [redacted] at 10:42 PM located in the EMR under the "Misc" tab revealed the resident was started on [redacted] There was no documentation or assessment of the wound to indicate the [redacted] were [redacted]. Review of the "[redacted] and [redacted] Start Log" dated [redacted] and provided by the facility revealed R13 was started on [redacted], once a day for a [redacted] and [redacted].	F0881		03/21/2025

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F0881 SS = D	Continued from page 16 There was no other documentation noted on the log to indicate what signs and symptoms were noted to show the [redacted] were infected. Review of R13's "Medication Administration Record (MAR)" for [redacted] located in the EMR under the "Orders" tab revealed the resident received the [redacted] as ordered on [redacted] and [redacted]. During an interview on 02/21/25 at 9:20 AM, Licensed Practical Nurse/Unit Manager (LPN3/UM) confirmed R13 was ordered the [redacted] for a [redacted] infection, however there was no documentation to indicate what the signs and symptoms were to indicate the [redacted] was infected and there should have been. During an interview on 02/21/25 at 3:15 PM, the [redacted] revealed he had only been at the facility for [redacted] and was not employed during the time R13 was a resident of the facility. The [redacted] revealed that in order for an [redacted] to be ordered for a [redacted] the [redacted] would have to meet the revised [redacted]. The [redacted] revealed the criteria would show the [redacted] had [redacted] from the [redacted] from the [redacted] The [redacted] further confirmed there should be documentation of a [redacted] assessment which showed signs and symptoms of [redacted] and if there was not, he would talk to the nurse and/or physician to ensure the criteria was met for the ordered [redacted] Review of the facility policy titled, "Antibiotic Stewardship," last revised January 2025 revealed, Antibiotic Stewardship is the act of using antibiotics appropriately which means only when they are medically necessary . . . overuse of antibiotics allows drug-resistant strains of bacteria to emerge. When this occurs, the result is increased hospitalizations, higher mortality and escalating costs." Review of the CDC's "Surveillance Definitions for Specific Types of Infections" found at https://www.cdc.gov, dated January 2025, revealed, "Decubitus ulcer infections must meet the following criterion: 1. Patient has at least two of the following signs or symptoms: erythema [redness], tenderness, or swelling of decubitus wound edges, AND	F0881		03/21/2025

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F0881 SS = D	Continued from page 17 Organism(s) identified from needle aspiration of fluid or biopsy of tissue from decubitus ulcer margin by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment." NJAC 8:39-19.4(d)	F0881		03/21/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060906	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/21/2025

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(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
S0000	Initial Comments No Information	S0000		
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: A Complaint Survey was conducted on behalf of the New Jersey Department of Health. Complaint #: NJ00163761, NJ00166962, NJ00169286, NJ00170274, NJ00171621, NJ00172253, NJ00172713, NJ00176581, and NJ00179251. Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 1 of 7 day shifts. The deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified	S0560	1. The Director of Nursing and/or designee will review staffing daily for the following day with the Staffing Coordinator to ensure compliance with regulated staffing ratios are met. 2. All residents have the potential to be affected by this deficient practice. 3. The Director of Nursing inserviced the Staffing Coordinator on the minimum staffing requirements. The Director of Nursing or designee will review staffing daily for following day to ensure staffing ratios are met every shift. The Business Officer Manager placed additional employment ads in order to recruit additional CNA's. The Director of Nursing or designee will audit staffing schedule ratios daily and if there will be call outs, the Staffing coordinator or Supervisor will obtain replacement to maintain staffing ratios. 4.The Director of Nursing will report results of these audits to the Administrator on a monthly basis. The Director of Nursing will review the findings of the weekly audits at the Quarterly QAPI Meeting for the next 2 quarters. Evaluation by the committee to determine continuing frequency of audits.	03/21/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060906	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT HAMILTON PARK	525 MONMOUTH STREET , JERSEY CITY, New Jersey, 07302

(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
S0560	Continued from page 1 nurse aide and shall perform nurse aide duties: and one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. 1. For the 1 week of Complaint staffing from 02/18/2024-02/24/2024,the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows: -02/24/24 had 18 CNAs for 165 residents on the day shift, required at least 21 CNAs.	S0560		03/21/2025