

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

PRINTED: 04/12/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315494</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>08/14/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALARIS HEALTH AT THE CHATEAU</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>96 PARKWAY</b> <b>ROCHELLE PARK, NJ 07662</b>		
(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 000	INITIAL COMMENTS  Complaint #: NJ00147498 NJ00146405 NJ00149099  Census: 138  Sample Size: 6  The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized  §483.70(i)(2) The facility must keep confidential	F 842		9/6/23	

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

TITLE

(X6) DATE

Electronically Signed

09/06/2023

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 842	<p>Continued From page 1</p> <p>all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p>	F 842			

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F 842	<p>Continued From page 2</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>C#: NJ00147498, NJ00149099</p> <p>Based on interviews and review of pertinent facility documentation on 8/8/23, 8/11/23, and 8/14/23, it was determined that the facility failed to ensure that the Resident's medical record (MR) was complete and accurate according to facility policies titled "Clinical Charting and Documentation" for 1 of 6 Residents (Resident #3) reviewed for incident/accident and documentation.</p> <p>This deficient practice is evident by the following:</p> <p>According to the "ADMISSION RECORD (AR)," Resident #3 was admitted to the facility on [redacted] with diagnosis that included but was not limited to: <b>Exec Order 26, 4b1 NJAC 8:43E-2.1</b></p> <p>The Minimum Data Set (MDS), an assessment tool dated [redacted], showed that Resident #3's cognition was <b>Exec Order 26, 4b1 NJAC 8:43E-2.1</b></p> <p>The Order Summary Report (OSR), dated [redacted], reflected an order for [redacted]</p> <p>The Care Plan (CP), initiated on [redacted] and revised on [redacted] indicated that Resident #3 had the potential for [redacted] related to [redacted]</p>	F 842	<p>Corrective Action/resident Resident #3 has been discharged home.</p> <p>Corrective action/remaining residents All residents that have pain have the ability to be affected by this deficient practice.</p> <p>Systemic change: All RN/LPNs were re-inserviced on the policy and procedure for Clinical Charting and Documentation by the Director of Nursing or designee. Documentation of PRN pain medications was made a focus in the re-inservice by the DO or designee.</p> <p>At morning clinical meeting, the 24 hour report will be checked against PCC documentation on Medication Administration Record to ensure proper documentation of PRN medications by DON or designee.</p> <p>QA: A sample of 25 PRN pain medication documentation will be audited by the DON or designee bi-weekly. The results of said audit will be reviewed by the administrator or designee at the bi-monthly quality assurance performance improvement meetings for recommendations, continued timing of said audits, and comments.</p>		

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F 842	<p>Continued From page 3</p> <p><b>Exec Order 26, 4b1 NJAC 8:43E-2.1</b></p> <p>The Progress note (PN), dated <b>Exec Order 26, 4b1 NJAC 8:43E-2.1</b> documented by Licensed Practical Nurse (LPN #1), primary nurse for Resident #3 on <b>Exec Order 26</b> <b>Exec Order 26</b> The LPN documented at 6:00 p.m., Resident #3 was found <b>Exec Order 26, 4b1 NJAC 8:43E-2.1</b> <b>Exec Order 26, 4b1 NJAC 8:43E-2.1</b> The LPN further documented that Resident #3 <b>Exec Order 26, 4b1 NJAC</b> <b>Exec Order 26, 4b1 NJAC</b> during the assessment.</p> <p>During the review of Resident #3's MR, the MR <b>Exec Order 26, 4b1 NJAC 8:43E-2.1</b> <b>Exec Order 26, 4b1 NJAC 8:43E-2.1</b></p> <p>The incident report (IR), dated <b>Exec Order 26, 4b1 NJAC 8:43E-2.1</b> <b>Exec Order 26, 4b1 NJAC 8:43E-2.1</b> documented the <b>Exec Order 26, 4b1 NJAC 8:43E-2.1</b></p> <p>The "IDT [Interdisciplinary Team] Meeting Note - Fall Incident (IDT), dated <b>Exec Order 26, 4b1 NJAC 8:43E-2.1</b> and signed by the Director of Nursing on <b>Exec Order 26</b> <b>Exec Order 26</b> resident was found lying on floor in front of wheelchair and supporting body with right arm...Resident assisted back to wheelchair...no <b>NJ Exec. Order 26:4.b.1</b> noted at this time. Resident reports mild <b>Exec Order 26</b> to <b>NJ Exec. Order 26:4.b.1</b>...Xray results: Slightly <b>NJ Exec. Order 26:4.b.1</b> <b>Exec Order 26</b>..complained of slight <b>Exec Order 26</b> to.. <b>NJ Exec. Order 26</b>..was able to state <b>Exec Order 26</b> trying to be to bed from <b>Exec Order 26</b> wheelchair as <b>Exec Order 26</b> was found in front of <b>Exec Order 26</b> wheelchair but could not give details of the <b>Exec Order 26</b>..."</p> <p>Review of the facility form "24 HOURS REPORT/ CHANGE OF CONDITION REPORT," dated <b>Exec Order 26</b> reflected that Resident #3 was given</p>	F 842			

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F 842	<p>Continued From page 4</p> <p><b>Exec Order 26, 4b1 NJ</b></p> <p>During the interview with LPN #1, nurse who provided care to Resident #3 on <b>Exec Order 26</b> during <b>Exec Order 26, 4b1 NJAC 8:43E-2.1</b> LPN #1 stated that she administered the <b>Exec Order 26</b> medication when Resident #3 <b>Exec Order 26, 4b1 NJAC 8:43E-2.1</b> on <b>Exec Order 26</b>, however, she did not document in the resident MR because she forgot and she was busy. The LPN stated that she should have sign the medication administration report because the 24 hour report was not the residents medical record.</p> <p>During the interview with the Director of Nursing (DON) on 8/14/23 at 11:56 a.m., she stated that the nurses were expected to document the care provided in the residents MR to show that that the care was provided. According to the DON, it is important to document in the residents MR because the 24 hour was not a legal documentation.</p> <p>The facility policy titled "Clinical Charting and Documentation," dated 9/2022, reflected "It is the policy of this facility to have a complete and accurate medical record maintained on each resident to facilitate; communication between professionals contributing to the resident's care, to enhance continuity of care, coordinate assessment and treatment, and as a basis for care planning. All services provided to the resident, or any changes in the resident's medical or mental condition, shall be documented in the resident's electronic medical record (EMR). Policy Interpretation and Implementation 1. Charting will be done on all residents to maintain a complete and accurate medical record. An integrated progress note will be used by all disciplines. 2. The resident's medical record is a legal document</p>	F 842			

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F 842	Continued From page 5 and may be used as evidence in a court of law. It is essential that the record be: accurate, legible, and complete. 3. All observations, medications administered, services performed, etc., must be documented in the resident's EMR..."  NJAC 8:39-35.2(d)(6)	F 842			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315494	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/13/2023
NAME OF FACILITY ALARIS HEALTH AT THE CHATEAU	STREET ADDRESS, CITY, STATE, ZIP CODE 96 PARKWAY ROCHELLE PARK, NJ 07662	

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 F0842	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/06/2023	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	
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 8/14/2023		<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			