

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>315366</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>10/27/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>ALARIS HEALTH AT BELGROVE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>195 BELGROVE DRIVE , KEARNY, New Jersey, 07032</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
F0000	<p>INITIAL COMMENTS</p> <p>Complaint #s NJ 2578750, NJ 2623318,</p> <p>COMPLAINT SURVEY: 10/27/25</p> <p>CENSUS: 101</p> <p>SAMPLE SIZE: 1 + 2 closed records.</p> <p>The NJDOH conducted a complaint survey on 10/27/25. The survey was officially completed on 10/27/25.</p> <p>THE FACILITY IS IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES.</p>	F0000		12/01/2025

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
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New Jersey State Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>NJ11952</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>10/27/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>ALARIS HEALTH AT BELGROVE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>195 BELGROVE DRIVE , KEARNY, New Jersey, 07032</b>	
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S0000	Initial Comments  Complaint #s NJ 2578750, NJ 2623318,  COMPLAINT SURVEY: 10/27/25  CENSUS: 101  SAMPLE SIZE: 1 + 2 closed records  The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long-Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S0000		12/01/2025
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:  Based on interview and review of other facility documents, it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratios for the day and overnight shifts as mandated by the State of New Jersey for:  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 at 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:	S0560	I. Immediate Action  1. The facility respectfully submits that staff to resident ratios were reviewed on 11/25/25 to ensure compliance with New Jersey minimal staffing requirements.  2. Staffing coordinator was re in-serviced by the Director of Nursing on 11/25/25 on staffing ratio requirements.  II. Identification of Others:  i. The facility respectfully submits that all residents may be affected by this practice.  III. System Changes  1. Policy and Procedure for Minimal Staffing was reviewed on 11/25/25 by Administrator and Director of Nursing and noted to include staffing ratio of Certified Nursing Assistant (C.N.A.) of 1:8 for day	12/01/2025

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1</p> <p>One (1) Certified Nurse Aide (CNA) to every eight (8) residents for the day shift.</p> <p>One (1) direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>One (1) 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.</p> <p>The surveyor requested staffing for the weeks from 9/7/25 – 9/13/25, 9/14/25 – 9/20/25, 10/12/25 – 10/18/25, and 10/19/25 – 10/25/25'</p> <p>The facility was deficient in CNA staffing for residents on 1 of 28 day shifts as follows:</p> <p>-10/18/25 had 11 CNAs for 100 residents on the day shift, required at least 12 CNAs.</p>	S0560	<p>Continued from page 1 shift, 1:10 for evening shift and 1:14 for the night shift.</p> <p>2. Director of Nursing and Administrator will review open positions and applications plus results of any interviews weekly to look for opportunities to hire.</p> <p>3. The Administrator and Director of Nurses will continue to utilize all possible means to increase the facility staff. This will include continued timely interviews, job fairs, reaching out to agencies for supplemental staff, setting up booths at nursing schools, utilization of all possible avenues to increase staffing in the facility.</p> <p>IV. Quality Assurance</p> <p>1a) Audits will be completed by the Director of Nursing or designee to ensure that all staffing complies with staffing ratios.</p> <p>1b) Audits will be done weekly x 4 weeks, monthly x 2 months and quarterly x 2 quarters.</p> <p>1d) The results of all audits will be brought to the QAPI committee quarterly x 2 quarters.</p>	

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F0000	<p>INITIAL COMMENTS</p> <p>An offsite/desk review of the facility's Plan of Correction was conducted on 12/04/2025 in relation to the 10/27/2025 Recertification survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p>	F0000		12/04/2025

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S0000	Initial Comments  An offsite/desk review of the facility's Plan of Correction was conducted on 12/04/2025 in relation to the 10/27/2025 State of New Jersey Re-Licensure survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities	S0000		12/04/2025

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