

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0000	INITIAL COMMENTS INITIAL COMMENTS Complaints: 388557, 2562685, 2653070, 2711408 Survey Date: 5/6/2026 Census 104 Sample: 22 + 3 closed records A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.			F0000			05/23/2026
F0812 SS = F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by:			F0812	The NJ Ex Order 26, 481 observed during the survey process was immediately discarded by the Regional Food Service Director to prevent potential foodborne illness. The U.S. Food involved received immediate re-education regarding proper sanitization of food thermometers before and after each use in accordance with facility policy and food safety standards. All residents residing in the facility had the potential to be affected. The facility revised and reinforced the kitchen sanitation and temperature monitoring process to ensure thermometers are sanitized before and after each use. The following interventions were implemented: All dietary staff were re-educated on the facility policy "Temperature Monitoring During Meal Service," including sanitization procedures. Competency validations were completed for all dietary staff regarding food thermometer use and sanitation.		06/10/2026

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
---	-------	-----------

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0812 SS = F	Continued from page 1 Based on observation, interview, and review of facility policies, it was determined that the facility failed to maintain proper kitchen sanitation practices in a manner to prevent food borne illness. This deficient practice was observed and evidenced by the following: On 4/27/26 at 11:33 AM, in the presence of the U. S. FOIA (b) (2) the surveyor observed the cook take the temperature of [REDACTED] without sanitizing the food thermometer prior to use. The [REDACTED] stated, "I forgot to sanitize the thermometer before using." The [REDACTED] was thrown away in the garbage by the [REDACTED]. On 4/28/26 at 11:08 AM, the U. S. FOIA (b) (2) provided the surveyor a facility policy titled, "Temperature Monitoring During Meal Service" with a reviewed date of 1/2026. The procedure section of the policy revealed, "3. How to take temperature; Sanitize the probe before and after each use." On 4/29/26 at 12:15 PM, the surveyor met with the U. S. FOIA (b) (2) to review concerns found during the survey. The [REDACTED] stated the concerns in the kitchen would be addressed immediately. On 4/30/26 at 11:30 AM, the surveyor met with the U. S. FOIA (b) (2) for the exit conference. No further pertinent information was provided. NJAC 8:39-17.2(g)	F0812	Continued from page 1 Supervisory meal observation rounds were initiated to ensure adherence to food safety procedures. The Food Service Director or designee will conduct audits of food temperature monitoring and thermometer sanitization practices: 5 observations weekly for 4 weeks, then weekly for 8 weeks, then monthly thereafter as indicated. Audit findings will be reviewed at our quarterly QAPI meetings for 2 quaters.	06/10/2026
F0686 SS = E	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	F0686	Residents #3, #4, #11, #12, #123, and #127 had their NJ Ex Order 26, 4B1 settings immediately assessed and adjusted to reflect the residents' current documented NJ Ex Order 26.4(b)(1), as clinically appropriate. All residents utilizing specialty pressure-relieving mattresses had the potential to be affected. The facility implemented the following measures: Re-education provided by DON to licensed nursing staff regarding specialty mattress operation, weight-based settings, physician orders, and documentation requirements.	06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0686 SS = E	Continued from page 2 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 observation, interview, record review, and review of facility documents, it was determined that the facility failed to ensure that a [REDACTED] NJ Ex Order 26, 4B1 [REDACTED] was accurately set and monitored according to the resident's [REDACTED] for 6 of 8 residents (Resident #3, #4, #11, #12, #123, and #127). This deficient practice was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist." Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." 1. On 4/23/26 at 10:54 AM, the surveyor observed Resident #3 awake in bed laying on [REDACTED] NJ Ex Order 26, 4B1. Resident #3's [REDACTED] was set at [REDACTED] NJ Ex Order 26. Resident #3 revealed their usual [REDACTED] NJ Ex Order 26.4(b)(1) is between [REDACTED] NJ Ex Order 26, 4B1 but was not sure of their [REDACTED] NJ Ex Order 26. On 4/23/26 at 11:55 AM, the surveyor reviewed Resident #3's electronic medical record (e-MAR) which revealed the following:	F0686	Continued from page 2 Orders will be placed in resident's EMAR on those that require an air mattress to check weight base settings every shift. Unit Managers/designees will verify mattress settings against resident weights during routine clinical rounds. The Director of Nursing or designee will perform audits of residents with specialty mattresses on 5 residents weekly and report all findings monthly to the administrator. 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. Evaluation by the committee to determine continuing frequency of audits.	06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0686 SS = E	Continued from page 3 A review of the Resident #3's Admission Record ((AR) an admission summary) revealed that the resident was admitted to the facility with diagnoses that included: NJ Ex Order 26, 4B1 A review of the 5 Day Medicare Minium Data Set (MDS), an assessment tool used to facilitate the management of care, with an assessment reference date (ARD) of NJ Ex Order 26, revealed that the resident had a score of NJ Ex Order 26, 4B1 on the Brief Interview for Mental Status (BIMS), which indicated NJ Ex Order 26, 4B1. The MDS further revealed under Section M, that Resident #3 was receiving a NJ Ex Order 26, 4B1 for bed. A review of the NJ Ex Order 26, 4B1 shift check function," dated NJ Ex Order 26, and NJ Ex Order 26, 4B1 every shift check function," dated NJ Ex Order 26. A review of Resident #3's most recent NJ Ex Order 26, 4B1 revealed the resident NJ Ex Order 26, 4B1 on NJ Ex Order 26, 4B1. A review of the Care Plan Report (CPR) revealed a Care Plan (CP) with a focus of, "resident has a NJ Ex Order 26, 4B1 and interventions including, "requires pressure relieving/reducing device on bed" and "Administer treatments as ordered and monitor for effectiveness. On 4/27/26 at 7:26 AM, the surveyor observed Resident #3 in bed with their NJ Ex Order 26, 4B1 and the NJ Ex Order 26, 4B1 was set to NJ Ex Order 26, 4B1. 2. On 4/23/26 at 10:56 AM, the surveyor observed Resident #4 in bed with NJ Ex Order 26, 4B1 and their NJ Ex Order 26, 4B1 observed set at NJ Ex Order 26, 4B1. A review of the Resident #4's AR documented that the resident was admitted to the facility with diagnoses that included: NJ Ex Order 26, 4B1	F0686		06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0686 SS = E	Continued from page 4 NJ Ex Order 26, 4B1 [REDACTED] A review of the Quarterly MDS, with an ARD of [REDACTED] revealed that the resident had a score of [REDACTED] on the BIMS, which indicated NJ Ex Order 26, 4B1. The MDS further revealed under Section [REDACTED] that Resident #4 was receiving a NJ Ex Order 26, 4B1 for bed. A review of the [REDACTED] Physician Orders (PO) for Resident #4 revealed a PO dated [REDACTED], [REDACTED] every shift check function." A review of Resident #3's most recent [REDACTED] revealed the resident [REDACTED] on [REDACTED] 6. A review of the CPR revealed a CP with a focus of, "Resident has a break in NJ Ex Order 26, 4B1" [REDACTED] On 4/27/26 at 7:29 AM, the surveyor observed Resident #4 in bed with their eyes closed and the [REDACTED] was set to [REDACTED] 3. On 4/23/2026 at 11:08 AM, the surveyor observed Resident #123 in bed with their eyes open and surveyor further observed Resident #123's [REDACTED] set at [REDACTED] A review of the Resident #123's AR documented that the resident was admitted to the facility with diagnoses that included: NJ Ex Order 26, 4B1 [REDACTED] A review of the Quarterly MDS, with an ARD of [REDACTED] revealed that the resident had a score of [REDACTED] on the BIMS, which indicated NJ Ex Order 26, 4B1. The MDS further revealed under Section [REDACTED]	F0686		06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 07032	
(X4) ID PREFIX TAG F0686 SS = E	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG F0686	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 06/10/2026
	Continued from page 5 that Resident #4 was receiving [REDACTED] A review of the [REDACTED] Physician Orders (PO) for Resident #123 revealed a PO dated [REDACTED] NJ Ex Order 26, 4B1 every shift check function." A review of Resident #123's most recent [REDACTED] revealed the resident [REDACTED] NJ Ex Order 26, 4B1 A review of the CPR revealed a CP with a focus of, "Resident has [REDACTED] NJ Ex Order 26, 4B1 On 4/27/26 at 7:22 AM, the surveyor had a secondary observation of Resident #123's [REDACTED] The [REDACTED] setting [REDACTED] NJ Ex Order 26, 4B1 On 4/27/2026 at 10:25 AM, the surveyor and the U. S. FOIA (b) (2) observed Resident #3, #4, and #123's [REDACTED] the [REDACTED] confirmed all the residents' [REDACTED] NJ Ex Order 26, 4B1. The [REDACTED] stated all [REDACTED] NJ Ex Order 26, 4B1 should be set to the resident's current [REDACTED] NJ Ex Order 26, 4B1 On 4/27/26 at 12:00 PM, the U. S. FOIA (b) (2) [REDACTED] provided the surveyor with a facility policy titled, "Air Mattress) with a reviewed dated 1/2026. The care and monitoring portion of the policy revealed, "checking mattress function every shift." 4. On 4/23/26 at 11:45 AM, and on 4/27/26 at 7:30 AM, the surveyor observed Resident #11 in bed and a [REDACTED] NJ Ex Order 26, 4B1 in place. The resident's [REDACTED] was [REDACTED] NJ Ex Order 26, 4B1 on both observations. The surveyor reviewed the electronic medical record (E-mar) for Resident #11. A review of the Admission Record (AR) reflected that Resident #11 was admitted to the facility on [REDACTED] NJ Ex Order 26, 4B1 with diagnoses that included but were not limited to: [REDACTED] NJ Ex Order 26, 4B1			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE		STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0686 SS = E	Continued from page 6 NJ Ex Order 26, 4B1 A review of the Quarterly MDS dated NJ Ex Order 26, 4B1 reflected that Resident #11 had a BIMS score of NJ Ex Order 26, 4B1, "indicating NJ Ex Order 26, 4B1. The MDS further indicated that the resident's weight was NJ Ex Order 26, 4B1 was receiving NJ Ex Order 26, 4B1, had a NJ Ex Order 26, 4B1, and had a NJ Ex Order 26, 4B1 for the bed. A review of the CP included a focus that the resident had the potential for skin breakdown. The CP did not include an intervention for a NJ Ex Order 26, 4B1. A review of the current Physician Order Summary Report (OSR) reflected a Physician's order (PO) for a NJ Ex Order 26, 4B1 check every shift for function with a start date of NJ Ex Order 26, 4B1. A review of the current TAR included a NJ Ex Order 26, 4B1 place and to monitor every shift for NJ Ex Order 26, 4B1 check for function with a start date of NJ Ex Order 26, 4B1 and signed by nurses, which indicated it was being monitored. A review of the resident's vital signs revealed the resident's last known NJ Ex Order 26, 4B1 was NJ Ex Order 26, 4B1. On 4/27/26 at 10:35 AM, the surveyor showed the U. S. FOIA (b) (2) assigned to Resident #11 the gauge setting on the NJ Ex Order 26, 4B1. The U. S. FOIA (b) (2) acknowledged that the setting was at NJ Ex Order 26, 4B1 and stated that the NJ Ex Order 26, 4B1 was set to a specific NJ Ex Order 26, 4B1 and the NJ Ex Order 26, 4B1 setting had nothing to do with the resident's NJ Ex Order 26, 4B1. 5. On 4/27/26 at 9:00 AM, the surveyor observed Resident #12 in bed and a NJ Ex Order 26, 4B1 in place. The resident's NJ Ex Order 26, 4B1 was set at NJ Ex Order 26, 4B1. The surveyor reviewed the E-mar for Resident #12. A review of the AR reflected that Resident #12 was admitted to the facility with diagnoses that included but were not limited to; NJ Ex Order 26, 4B1. A review of the most recent MDS dated NJ Ex Order 26, 4B1.	F0686		06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE		STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0686 SS = E	Continued from page 7 reflected that Resident #12 had a BIMS score of [REDACTED] indicating a NJ Ex Order 26, 4B1. The MDS further indicated that the resident's [REDACTED] was [REDACTED] and that a NJ Ex Order 26, 4B1 was in place on the bed. A review of the CP included a focus that the resident had a potential for NJ Ex Order 26, 4B1 with interventions that included but were not limited to: NJ Ex Order 26, 4B1 for bed and wheelchair, initiated [REDACTED]. A review of the current OSR reflected a PO for a NJ Ex Order 26, 4B1 every shift for NJ Ex Order 26, 4B1; Check for function with a start date of [REDACTED]. A review of the current TAR included a NJ Ex Order 26, 4B1 in place and to monitor every shift for function, with a start date of [REDACTED], and signed by nurses indicating it was being monitored. A review of the resident's vital signs revealed the last known NJ Ex Order 26, 4B1 was NJ Ex Order 26, 4B1. On 4/27/26 at 9:40 AM, the surveyor showed the U. S. FOIA (b) (2) the gauge setting on the NJ Ex Order 26, 4B1. The U. S. FOIA (b) (2) acknowledged that the setting was at [REDACTED] and further stated it should have been set to the resident's NJ Ex Order 26, 4B1 which was NJ Ex Order 26, 4B1. On 4/27/26 at 9:45 AM, the surveyor showed the assigned to Resident #12's care the NJ Ex Order 26, 4B1. The U. S. FOIA (b) (2) confirmed that the resident's NJ Ex Order 26, 4B1 was NJ Ex Order 26, 4B1 and that she should have ensured the NJ Ex Order 26, 4B1 was set to the correct NJ Ex Order 26, 4B1 since the NJ Ex Order 26, 4B1 was ordered to NJ Ex Order 26, 4B1. 6. On 4/27/26 at 9:10 AM, the surveyor observed Resident #127 in bed and a NJ Ex Order 26, 4B1 in place. The resident's NJ Ex Order 26, 4B1 was set at NJ Ex Order 26, 4B1. A review of the CP identified a focus area that included the potential for NJ Ex Order 26, 4B1 but did not include a NJ Ex Order 26, 4B1 as an intervention.	F0686		06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0686 SS = E	Continued from page 8 A review of the current OSR reflected that there was no PO for a NJ Ex Order 26, 4B1. A review of the current TAR did not indicate that the NJ Ex Order 26, 4B1 was being monitored. A review of the resident's hospital records revealed the resident's last known NJ Ex Order 26, 4B1 was NJ Ex Order 26, 4B1 on NJ Ex Order 26, 4B1. On 4/27/26 at 9:40 AM, the surveyor showed the U. S. FOIA (b) (2) gauge setting on the NJ Ex Order 26, 4B1. The U. S. FOIA (b) (2) acknowledged that the setting was at NJ Ex Order 26, 4B1 and stated that the resident was admitted on NJ Ex Order 26, 4B1 and that staff had not obtained the resident's NJ Ex Order 26, 4B1 yet. The U. S. FOIA (b) (2) further stated that the Resident's hospital weight was NJ Ex Order 26, 4B1, on NJ Ex Order 26, 4B1. The U. S. FOIA (b) (2) stated that the physician had not written an order for an NJ Ex Order 26, 4B1 and that she did not think the resident should have had one in place, but would check with the resident's physician. On 4/29/26 at 12:25 PM, the survey team met with the U. S. FOIA (b) (2) and U. S. FOIA (b) (2) to discuss the above observations and concerns. The U. S. FOIA (b) (2) confirmed that the nurses were responsible for monitoring the NJ Ex Order 26, 4B1 and ensuring that the gauges were set according to the resident's NJ Ex Order 26, 4B1. On 4/30/26 at 10:58 AM, no further information was provided. A review of the facility's "Air Mattress" policy and procedure, dated 1/26, reflected...The facility will provide pressure-redistribution support surfaces (including air mattresses) based on individual resident assessment, risk level, and clinical need to prevent skin breakdown and promote healing of existing pressure injuries...Air mattresses are considered a treatment and preventive medical intervention and should be ordered, monitored, and documented... NJAC 8:39-19.4(a); 27.1 (a)	F0686		06/10/2026
F0761 SS = E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)	F0761	The medication refrigerator on the 1st floor was immediately adjusted to maintain acceptable temperature range. The 2nd floor medication refrigerator was replaced. Both refrigerators were	06/10/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0761 SS = E	Continued from page 9 §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. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and review of pertinent documents, it was determined that the facility failed to ensure that medications were stored appropriately, according to manufacturer's guidelines and standards of practice. This deficient practice was identified in 2 of 2 medication refrigerators inspected. This deficient practice was evidenced by the following: On 4/28/26 at 12:56 PM, the surveyor began inspecting the medication (med) storage room located on the facility 1st floor in the presence of the 1st floor Unit Manager (UM1). The surveyor accessed the med refrigerator located in the med room. The surveyor observed the thermometer inside the med refrigerator that reflected twenty-five (25) degrees Fahrenheit (F). The surveyor asked the UM1 to verify the temperature, and what range the temperature should be. UM1 stated that it was 25 degrees F, was too cold and should be between 36 degrees F and 46 degrees F. UM1 stated they would adjust the refrigerator control.			F0761	Continued from page 9 rechecked and both noted with temperatures within range. All residents receiving medications stored in medication refrigerators had the potential to be affected. Licensed nursing staff were re-educated by DON/Nurse designee on medication refrigerator temperature ranges, monitoring requirements and any out-of-range findings will be addressed immediately and will be brought to the maintenance's attention. The medication storage policy was reviewed and updated to mention required refrigerator temperature parameters. Nursing supervisors will review refrigerator temperature logs daily for compliance and will notify maintenance for out-of-range temperatures. The Unit Managers, or designee will audit medication refrigerator temperature logs daily and report all findings monthly to the director of nursing. 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. Evaluation by the committee to determine continuing frequency of audits.		06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0761 SS = E	Continued from page 10 On the same date, at 1:17 PM, the surveyor began inspecting the 2nd floor med storage room in the presence of the 2nd floor Unit Manager (UM2). of the facility. The surveyor accessed the med refrigerator located in the med room. The surveyor observed the thermometer inside the med refrigerator that reflected 32 degrees F. The surveyor asked the UM2 to verify the temperature, and what range the temperature should be. UM2 stated that it was 32 degrees F and should be between 36 degrees and 46 degrees. UM2 stated that they would put in a work order for the refrigerator. The surveyor concluded the observation. On 4/29/26 at 9:54 AM, the surveyor interviewed the regional supervisor for the facility [REDACTED] U.S. FOIA (b) (2). The surveyor asked the [REDACTED] U.S. FOIA (b) (2) if they check the med refrigerator temperatures. The [REDACTED] U.S. FOIA (b) (2) stated yes, they do and they were checked on 4/27/26 and found to be in range. The surveyor informed the [REDACTED] U.S. FOIA (b) (2) of the observed med refrigerator temperatures. On 4/29/26 at 12:49 PM, the survey team met with the facility [REDACTED] U.S. FOIA (b) (2) to discuss concerns with medication storage. The surveyor informed the [REDACTED] U.S. FOIA (b) (2) of the temperature findings for the 1st and 2nd floor med refrigerators. On 4/30/26 at 9:19 AM, the survey team met with the [REDACTED] U.S. FOIA (b) (2) for responses to concerns. The [REDACTED] U.S. FOIA (b) (2) stated that the [REDACTED] 1st floor med refrigerator was adjusted, and the [REDACTED] 2nd floor med refrigerator was replaced. The facility did not provide any further pertinent information. The surveyor reviewed the facility policy provided by the [REDACTED] U.S. FOIA (b) (2) titled, "Storage of Medications" dated 1/26 reviewed. The policy did not reflect medication refrigerator temperatures. NJAC 8:39-29.4(h)			F0761			06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0677 SS = D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and review of facility-provided documentation, it was determined that the facility failed to ensure that incontinence care was provided to dependent residents in a timely manner for 2 of 5 residents (Resident #85 and #126) observed for NJ Ex Order 26, 4B1 care on 1 of 3 Nursing units NJ Ex Order 26, 4B1 floor). This deficient practice was evidenced by the following: On 4/27/26 at 7:55 AM, the surveyor conducted an NJ Ex Order 26, 4B1 tour on the NJ Ex Order 26, 4B1 floor Nursing Unit and observed the following: 1. On 4/27/26 at 8:00 AM, the surveyor, accompanied by the Certified Nursing Assistant (CNA #1), observed Resident #126 in bed. CNA #1 exposed Resident #126's NJ Ex Order 26, 4B1 and observed that the NJ Ex Order 26, 4B1. CNA #1 confirmed that the NJ Ex Order 26, 4B1. The surveyor reviewed the medical record for Resident #126. A review of the Admission Record (AR) reflected that Resident #126 was admitted to the facility with diagnoses that included but were not limited to; NJ Ex Order 26, 4B1 A review of the Admission Minimum Data Set (MDS), an assessment tool, dated NJ Ex Order 26, 4B1, reflected that the resident had a brief interview for mental status (BIMS) score of NJ Ex Order 26, 4B1, indicating the resident was NJ Ex Order 26, 4B1. The MDS further assessed that Resident #126 was always NJ Ex Order 26, 4B1 and was NJ Ex Order 26, 4B1 on staff for NJ Ex Order 26, 4B1. A review of Resident #126's Care Plan Report (CPR)	F0677	Residents #85 and #126 received immediate NJ Ex Order 26, 4B1 upon identification of NJ Ex Order 26, 4B1 All residents requiring incontinent care had the potential to be affected by this deficient practice. DON provided re-education of CNAs and licensed nursing staff regarding incontinent care expectations and toileting schedules were provided. The unit manager or designee will complete random incontinent care audits weekly on 5 incontinent residents on their unit and report all findings monthly to the director of nursing. 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. Evaluation by the committee to determine continuing frequency of audits.	06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE		STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0677 SS = D	Continued from page 12 included a Focus area that the resident was NJ Ex Order 26, 4B1, with interventions that included but were not limited to; offer/assist with NJ Ex Order 26, 4B1 during care, before/after meals, at bedtime, and when needed. 2. On 4/27/26 at 8:10 AM, the surveyor, accompanied by CNA #1, observed Resident #85 in bed. CNA #1 exposed Resident #85's NJ Ex Order 26, 4B1 and observed that the NJ Ex Order 26, 4B1. CNA #1 confirmed that the NJ Ex Order 26, 4B1. The surveyor reviewed the medical record for Resident #85. A review of the AR reflected that Resident #85 was admitted to the facility with diagnoses that included but were not limited to; NJ Ex Order 26, 4B1 [REDACTED] A review of the Quarterly MDS dated NJ Ex Order 26, 4B1 reflected Resident #85 had a BIMS score of NJ Ex Order 26, 4B1, indicating a NJ Ex Order 26, 4B1. A further review of the MDS indicated the resident required staff assistance for toileting hygiene and was NJ Ex Order 26, 4B1 A review of Resident #85's CP had a focus that indicated the resident was NJ Ex Order 26, 4B1 with interventions that included but were not limited to; offer/assist with NJ Ex Order 26, 4B1 during care, before/after meals, and activities. On 4/27/26 at 8:15 AM, during an interview with the surveyor, the U. S. FOIA (b) (2) [REDACTED] on the [REDACTED] floor nursing unit stated that she was aware that the staffing regulation was 1:14 on the night shift and that the 11-7 CNAs each had 20 and 21 residents on their assignments. The U. S. FOIA (b) (2) stated that the facility policy was for CNAs to provide NJ Ex Order 26, 4B1 every 2 hours. A review of the CNA assignment sheet for the 3rd floor indicated that CNA #2 had 21 residents on their assignment, and CNA #3 had 20. On 4/27/26 at 8:20 AM, the surveyor conducted a telephone interview with CNA #2 assigned to Resident #85 for the 11:00 PM-7:00 AM shift. CNA	F0677		06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0677 SS = D	Continued from page 13 #2 stated that she was responsible for 21 residents during that shift and was unable to provide incontinence care every two hours as required. CNA #2 further stated that she was doing her very best. On 4/27/26 at 8:35 AM, the surveyor conducted a telephone interview with CNA #3 assigned to Resident #126 for the 11:00 PM-7:00 AM. CNA #3 stated that she was responsible for 20 residents during that shift and was unable to provide incontinence care every two hours as required. CNA #3 further stated that she was doing her very best. On 4/29/26 at 12:25 PM, the survey team met with the U. S. FOIA (b) (2) to discuss the above observations and concerns. The U. S. FOIA confirmed that NJ Ex Order 26, 4B1 should be provided every 2 hours. On 4/30/26 at 10:58 AM, no further information was provided. A review of the facility's "Incontinence Care" policy and procedure dated as reviewed 1/2026 reflected...The facility shall provide care for all incontinent residents...Check residents at least every two to four hours. NJAC 8:39-27.1 (a), (e), 27.2 (h)	F0677		06/10/2026
F0685 SS = D	Treatment/Devices to Maintain Hearing/Vision CFR(s): 483.25(a)(1)(2) §483.25(a) Vision and hearing To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident- §483.25(a)(1) In making appointments, and §483.25(a)(2) By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices.	F0685	Resident #23 received NJ Ex Order 26, 4B1 and staff were re-educated regarding assistance with NJ Ex Order 26, 4(b)(1) application and monitoring. All residents utilizing hearing assistive devices had the potential to be affected. Nursing staff and CNAs received education regarding resident hearing assistance needs and documentation expectations by ADON. Orders will be placed in residents' EMAR on those that require hearing assistive devices to apply and remove daily and for proper functioning. The unit manager or designee will conduct audits weekly of residents requiring hearing assistive	06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0685 SS = D	Continued from page 14 This REQUIREMENT is NOT MET as evidenced by: Based on interview, record review, and review of facility documentation, it was determined that the facility failed to ensure that a resident received proper assistance in using NJ Ex Order 26.4(b)(1) for one (1) of twenty-two (22) residents reviewed, (Resident #6). The deficient practice was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist." Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." On 4/23/26 at 11:05 AM, the surveyor observed Resident #23 in their room seated in a wheelchair (WC). The surveyor interviewed the resident and observed that the resident had some NJ Ex Order 26.4. The surveyor did not observe any NJ Ex Order 26 applied to the resident. On 4/27/26 at 11:44 AM, the surveyor observed Resident #23 seated in a chair in the hallway outside their room. The surveyor did not observe any NJ Ex Order 26, 4B1 applied to the resident. On 4/28/26 at 10:37 AM, the surveyor observed Resident #23 seated in a WC in their room. The surveyor asked the resident if they have NJ Ex Order 26 and who NJ Ex Order 26.4(p)(1). The resident gestured	F0685	Continued from page 14 devices and report all findings monthly to the director of nursing. 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. Evaluation by the committee to determine continuing frequency of audits.	06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE		STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0685 SS = D	Continued from page 15 toward a bedside table and stated, "the nurse helps". The surveyor asked the resident why they didn't NJ Ex Order 26.4(b)(1) now. The resident responded by shrugging their shoulders and stated NJ Ex Order 26.4 On 4/28/2026 at 1:26 PM, the surveyor interviewed the U. S. FOIA (b) (2). The surveyor asked U. S. FOIA about Resident #23's NJ Ex Order 26, 4B1. U. S. FOIA stated that they believe the resident puts them in themselves and charting was just accountability, but they need to check the Care Plan. On 4/28/26 at 1:33 PM, U. S. FOIA informed the surveyor that the staff probably does help Resident #23 with NJ Ex Order 26.4(b)(1) and that they should be in. The surveyor informed U. S. FOIA that the surveyor had not observed the resident with them in at all. The surveyor reviewed the electronic medical record (EMR) for Resident #23 which revealed the following: An Admission Record (AR) reflected that Resident #6 was admitted to the facility with medical diagnoses that included but were not limited to essential NJ Ex Order 26, 4B1 A Quarterly Minimum Data Set (qMDS) an assessment tool, with an assessment reference date (ARD) of NJ Ex Order 26, reflected, in Section NJ Ex Order 26 that the resident had a brief interview for mental status (BIMS) score of NJ Ex Order 26, 4B1 indicating the resident was NJ Ex Order 26, 4B1 A Comprehensive Care Plan (CCP), a summary of a person's health conditions, specific care goals, and current interventions, which revealed an Intervention dated revised NJ Ex Order 26, CNA to check that resident has their NJ Ex Order 26, 4B1 An electronic treatment administration record (eTAR), which reflected a physician's order to check NJ Ex Order 26 every shift. The eTAR also reflected that the NJ Ex Order 26, 4B1 were documented as applied on the day and evening shifts from NJ Ex Order 26 through NJ Ex Order 26 On 4/29/26 at 12:49 PM, the survey team met with the U. S. FOIA (b) (2) for concerns regarding Resident #23 and the documentation for	F0685		06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0685 SS = D	Continued from page 16 use. The surveyor notified the that the surveyor did not observe Resident #23 with , there was documentation by the staff that they were being used, and the were observed in a case on a table. On 4/30/26 at 9:19 AM, the surveyor met with the U. S. FOIA (b) (2) for responses to concerns for Resident #23. The U. S. FOIA (b) stated that the facility obtained new for the resident and staff was educated. The surveyor reviewed the policy titled Hearing Impaired Resident, dated 1/30/26, provided by the U. S. FOIA (b) . The policy reflected: Staff will assist residents with care and maintenance of hearing devices. The facility did not provide any further pertinent information. N.J.A.C. 8:39-27.5(a)(b)	F0685		06/10/2026
F0692 SS = D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.	F0692	Resident #123's nutritional reassessment was completed. The U. S. FOIA (b) (2) received re-education regarding from DON required timeframes for initial and readmission assessments. All newly admitted and readmitted residents had the potential to be affected. Re-education of dietary staff regarding timelines for nutritional assessments and documentation by DON. Admission and readmission tracking systems were strengthened to ensure timely referrals to dietary services. The Registered Dietitian/designee will maintain an admission/readmission log for monitoring compliance. Interdisciplinary communication processes were reinforced. The Administrator, Director of Nursing, or designee will audit newly admitted/readmitted residents:	06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0692 SS = D	Continued from page 17 This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review and review of facility policy it was determined that the facility failed to ensure the Registered Dietitian (RD#1) completed a [REDACTED] reassessment for a resident who was readmitted to the facility in a timely fashion. This deficient practice was identified for 1 of 4 residents reviewed for [REDACTED] (Resident #123), and was evidenced by the following: On 4/23/26 at 11:08 AM, the surveyor observed Resident #123 in bed with their eyes open, resident noted [REDACTED] On 4/23/26 at 11:13 AM, the surveyor interviewed Resident #123's Licensed Practical Nurse (LPN#1), who stated the resident had recently been readmitted to the facility. A review of the Resident #123's Admission Record ((AR) an admission summary) indicated that the resident was admitted to the facility with diagnoses that included: NJ Ex Order 26, 4B1 [REDACTED] A review of the Entry Medicare Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, with an assessment reference date (ARD) of [REDACTED] revealed that the resident had been readmitted from a NJ Ex Order 26, 4B1. A review of the nursing progress notes revealed, Resident #123 was readmitted to the facility on [REDACTED] from the [REDACTED] with a diagnosis of NJ Ex Order 26, 4B1. Further review of the progress note revealed a [REDACTED] reassessment note dated NJ Ex Order 26, 4B1 after the resident was readmitted to the facility. On 4/29/26 at 11:39 AM, the surveyor interviewed RD#1, who stated she would try to conduct initial and readmission assessments within 24 hours of a resident entering the facility but has 72 hours to complete the assessments. Surveyor reviewed Resident #123's readmission and [REDACTED] reassessment dates with RD#1, who confirmed the [REDACTED] reassessment note was not completed until ninth day after readmission. RD#1 acknowledged the [REDACTED] note was late.	F0692	Continued from page 17 weekly for 4 weeks, then monthly for 2 months. Audit results will be reviewed during QAPI meetings, for the next 2 quarters.	06/10/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0692 SS = D	Continued from page 18 On 4/29/26 at 11:55 AM, the surveyor interviewed the U. S. FOIA (b) (2) who stated initial and readmission nutrition assessment should be completed within five days of admission and/or readmission into the facility. Both the U. S. FOIA (b) (2) acknowledged Resident #123's readmission assessment was late. On 4/29/26 at 12:10 PM, the U. S. FOIA provided the surveyor with a facility policy titled, "Medical Nutrition Therapy (MNT) Documentation", reviewed on 1/2026. The procedure section of the policy revealed, "the initial comprehensive MNT assessment for a new or readmitted individual is generally initiated and/or completed with 5 days of admission." On 4/29/26 at 12:15 PM, the surveyor met with the U. S. FOIA (b) (2) to review concerns found during the survey. The U. S. FOIA stated NJ Ex Order 254 notes would be reviewed for any irregularities. On 4/30/26 at 11:30 AM, the surveyor met with the U. S. FOIA (b) (2) for the exit conference. No further pertinent information was provided. NJAC 8:39 - 11.2(e)(1)(f), 17.1(c), 17.2(c)(d), 27.1(a)	F0692		06/10/2026
F0711 SS = D	Physician Visits - Review Care/Notes/Order CFR(s): 483.30(b)(1)-(3) §483.30(b) Physician Visits The physician must- §483.30(b)(1) Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; §483.30(b)(2) Write, sign, and date progress notes at each visit; and §483.30(b)(3) Sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications. This REQUIREMENT is NOT MET as evidenced by:	F0711	Resident #6's medical record was reviewed. The attending physician was notified of the deficient practice and re-educated regarding federal and facility requirements for physician progress notes. All residents requiring physician visits and monthly progress notes had the potential to be affected. Physicians were re-educated regarding required physician visit frequency and documentation standards by Administrator and DON Medical Records Clerk will implement a tracking system to monitor physician visit completion and progress notes The medical records staff or designee will audit physician progress notes weekly and report all findings monthly to the Administrator. All monthly audits will be reported quarterly during the QAPI meeting for the next 2 quarters by the	06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0711 SS = D	Continued from page 19 Based on observation, interview, and record review, it was determined that the facility failed to assure that the physician responsible for supervising the care of residents completed monthly progress notes. This deficient practice continued over several months for 1 of 22 residents, Resident #6, reviewed for physician progress notes and current physician orders. This deficient practice was evidenced by the following: On 4/28/26 at 12:20 PM, the surveyor observed Resident #6 in bed in their room. The resident was [REDACTED] and conversed with the surveyor. The surveyor reviewed the electronic medical record (EMR) of Resident #6 which revealed the following: An Admission Record (AR) reflected that Resident #6 was admitted to the facility with medical diagnoses that included but were not limited to: [REDACTED] A Quarterly Minimum Data Set (qMDS), an assessment tool, with an assessment reference date (ARD) of [REDACTED], reflected that the resident had a brief interview for mental status (BIMS) score of [REDACTED] indicating the resident was [REDACTED] A review of Resident # 6's EMR revealed that from [REDACTED] the Primary Physician (Physician #1) had not written any monthly Medical Progress Notes (PN) in the electrotonic or paper chart. On 4/29/26 at 12:49 PM, the survey team met with the [REDACTED] U. S. FOIA (b) (2) [REDACTED] for concerns regarding physician documentation. The surveyor notified the [REDACTED] that Resident #6's primary physician, who was also the facility's [REDACTED] did not have any completed progress notes in the medical record for the period of [REDACTED] through [REDACTED] inclusive. On 4/30/26 at 10:35 AM, the survey team met with the [REDACTED] U. S. FOIA (b) (2) [REDACTED] for responses to concerns. For the concern regarding physician documentation, the	F0711	Continued from page 19 Administrator or designee to the QAPI committee. Evaluation by the committee to determine continuing frequency of audits. then monthly for 2 months.	06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0711 SS = D	Continued from page 20 U.S. FOIA (b)(6) stated that the physician is not satisfying the regulation requirements for documentation. The facility did not provide any further pertinent information. The surveyor reviewed the policy provided by the U.S. FOIA (b)(6) titled, Physician Visits and Services with a reviewed date of 1/26. Under Procedure: 4. The attending physician shall visit the resident in accordance with the resident's needs... 5. Progress notes and orders must be written, signed and dated at each physician visit... NJAC 8:39-23.2(b)(d)			F0711			06/10/2026
F0725 SS = D	Sufficient Nursing Staff CFR(s): §483.35(a)(1)(2) §483.35 Nursing Services. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity, and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(a) Sufficient Staff. §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides.			F0725	Residents #85 and #126 received immediate NJ Ex Order 26, 4B1 upon identification of NJ Ex Order 26, 4B during the survey process. The U.S. FOIA (b)(6), nursing supervisors, and nursing staff were re-educated regarding required staffing ratios and timely NJ Ex Order 26, 4B1 expectations. All residents residing in the facility had the potential to be affected by insufficient staffing levels. A facility-wide review of staffing schedules, staffing ratios, CNA assignments, and resident census was completed to identify staffing variances and ensure minimum staffing requirements were met. Nursing management implemented daily staffing reviews for each shift. DON/Nurse Manager will review daily staffing. The staffing coordinator will review resident census and staffing assignments prior to each shift with Administrator and DON Nursing staff and CNAs were re-educated regarding incontinence care expectations and required rounding frequency. Recruitment and retention initiatives were reviewed and expanded to improve staffing stability.		06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0725 SS = D	Continued from page 21 §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and review of pertinent facility documentation, it was determined the facility failed to a.) maintain the required minimum direct care staff-to-resident ratios as mandated by the State of New Jersey, and b.) failed to ensure that sufficient and competent staff were available to provide appropriate ^{NJ Ex Order 28.4(b)(1)} care to dependent residents for 2 of 5 residents (Resident #85 and #126) on 1 of 3 units (3rd floor) Nursing unit. This deficient practice was evidenced by the following: Refer to F677 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. "Direct care staff member" means any registered professional nurse, licensed practical nurse, or certified nurse aide who is acting in accordance with that individual's authorized scope of practice and pursuant to documented employee time schedules. The following ratio(s) were effective on 02/01/2021: 1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios: (1) One certified nurse aide to every eight residents for the day shift. (2) One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall			F0725	Continued from page 21 The Director of Nursing, or designee will conduct staffing audits daily and report all findings monthly to the Administrator. 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. Evaluation by the committee to determine continuing frequency of audits.		06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0725 SS = D	Continued from page 22 perform certified nurse aide duties, and (3) 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 certified nurse aide and perform certified nurse aide duties. 1.A review of the New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report for the two weeks of staffing from 4/5/26 through 4/18/26 prior to the Standard survey of 5/7/26, revealed the facility was deficient in staffing hours as evidenced by the following: a. For the 2 weeks of staffing prior to survey from 04/05/2026 to 04/18/2026, the facility was deficient in CNA staffing for residents on 12 of 14 day shifts as follows: -04/05/26 had 9 CNAs for 103 residents on the day shift, required at least 13 CNAs. -04/06/26 had 10 CNAs for 99 residents on the day shift, required at least 12 CNAs. -04/07/26 had 11 CNAs for 99 residents on the day shift, required at least 12 CNAs. -04/08/26 had 11 CNAs for 99 residents on the day shift, required at least 12 CNAs. -04/09/26 had 11 CNAs for 99 residents on the day shift, required at least 12 CNAs. -04/10/26 had 11 CNAs for 99 residents on the day shift, required at least 12 CNAs. -04/11/26 had 11 CNAs for 99 residents on the day shift, required at least 12 CNAs. -04/12/26 had 11 CNAs for 99 residents on the day shift, required at least 12 CNAs. -04/13/26 had 10 CNAs for 100 residents on the day shift, required at least 12 CNAs. -04/14/26 had 10 CNAs for 99 residents on the day shift, required at least 12 CNAs. -04/17/26 had 10 CNAs for 99 residents on the day			F0725			06/10/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0725 SS = D	Continued from page 23 shift, required at least 12 CNAs. -04/18/26 had 11 CNAs for 102 residents on the day shift, required at least 13 CNAs. b.. For the 2 weeks of Complaint staffing from 10/19/2025 to 11/01/2025, the facility was deficient in CNA staffing for residents on 12 of 14 day shifts as follows: -10/19/25 had 8 CNAs for 99 residents on the day shift, required at least 12 CNAs. -10/20/25 had 11 CNAs for 99 residents on the day shift, required at least 12 CNAs. -10/21/25 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs. -10/23/25 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs. -10/25/25 had 10 CNAs for 97 residents on the day shift, required at least 12 CNAs. -10/26/25 had 11 CNAs for 101 residents on the day shift, required at least 13 CNAs. -10/27/25 had 11 CNAs for 101 residents on the day shift, required at least 13 CNAs. -10/28/25 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs. -10/29/25 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs. -10/30/25 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs. -10/31/25 had 11 CNAs for 101 residents on the day shift, required at least 13 CNAs. -11/01/25 had 11 CNAs for 101 residents on the day shift, required at least 13 CNAs. c. For the 2 weeks of Complaint staffing from 12/28/2025 to 01/10/2026, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:			F0725			06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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	
F0725 SS = D	Continued from page 24 -12/28/25 had 8 CNAs for 110 residents on the day shift, required at least 14 CNAs. -12/29/25 had 12 CNAs for 109 residents on the day shift, required at least 14 CNAs. -12/30/25 had 11 CNAs for 109 residents on the day shift, required at least 14 CNAs. -12/31/25 had 12 CNAs for 109 residents on the day shift, required at least 14 CNAs. -01/01/26 had 8 CNAs for 109 residents on the day shift, required at least 14 CNAs. -01/02/26 had 11 CNAs for 105 residents on the day shift, required at least 13 CNAs. -01/03/26 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs. -01/04/26 had 8 CNAs for 103 residents on the day shift, required at least 13 CNAs. -01/05/26 had 9 CNAs for 103 residents on the day shift, required at least 13 CNAs. -01/06/26 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs. -01/07/26 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs. -01/08/26 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs. -01/09/26 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs. -01/10/26 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs. 2. On 4/27/26 at 7:20 AM, the surveyor conducted an incontinence tour on the 3rd floor Nursing Unit and observed the following: a. On 4/27/26 at 8:00 AM, the surveyor, accompanied by the Certified Nursing Assistant (CNA #1), observed Resident #126 in bed. CNA #1 exposed Resident #126's NJ Ex Order 26, 4B1 and observed that the NJ Ex Order 26, 4B1. CNA #1 confirmed that the NJ Ex Order 26, 4B1.	F0725				06/10/2026	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0725 SS = D	Continued from page 25 b. On 4/27/26 at 8:10 AM, the surveyor, accompanied by CNA #1, observed Resident #85 in bed. CNA #1 exposed Resident #85's [REDACTED] and observed that the [REDACTED] CNA #1 confirmed that the [REDACTED] Review of the 11:00 PM-7:00 AM CNA assignment sheet revealed that the [REDACTED] floor nursing unit had a census of 41 residents with 2 assigned aides. CNA #2 and CNA #3 had assignments of 20 and 21 residents, respectively, on that 11 PM -7 AM shift. On 04/27/2026 at 12:05 PM, the surveyor interviewed the [REDACTED] U. S. FOIA (b) (2) who stated that they were aware of the staffing ratios for CNAs. The [REDACTED] also stated that staffing for the night shift was more difficult than the other shifts and that the facility did not use agency staff. The [REDACTED] further stated that she was unaware that the [REDACTED] floor Nursing Unit had a Census of 41 and that there were only 2 CNAs scheduled for the 11-7 shift. On 4/27/26 at 8:15 AM, during an interview with the surveyor, the [REDACTED] U. S. FOIA (b) (2) stated that she was aware that the staffing regulation was 1:14 on the night shift and that her expectation was that the CNAs provide [REDACTED] every 2 hours. On 4/27/26 at 8:20 AM, the surveyor conducted a telephone interview with the 11:00 PM-7:00 AM CNA (CNA #2) assigned to Resident #85. CNA #2 stated that she was responsible for 21 Residents during that shift and was unable to provide [REDACTED] every two hours as required. CNA #2 stated that she was doing her very best. 4/27/26 at 8:35 AM, the surveyor conducted a telephone interview with the 11:00 PM-7:00 AM CNA (CNA #3) assigned to Resident #126. CNA #3 stated that she was responsible for 20 Residents during that shift and was unable to provide [REDACTED] every two hours as required. CNA #3 further stated that she was doing her very best. On 4/29/26 at 12:25 PM, the survey team met with the [REDACTED] U. S. FOIA (b) (2) to discuss the above observations and concerns. The [REDACTED] confirmed that	F0725		06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0725 SS = D	Continued from page 26 the minimum CNA-to-staff ratio on the 11:00 PM-7:00 AM shift was 1:14 and the facility had not met that requirement. On 4/30/26 at 10:58 AM, no further information was provided. A review of the facility's policy, "Staffing," dated 01/2026, revealed... Our facility maintains adequate staffing on each shift to ensure that our resident's needs and services are met... Certified Nursing Assistants are available on each shift to provide the needed care and services of each resident as outlined on the resident's comprehensive care plan... A review of the facility's "Incontinence Care" policy and procedure, dated as reviewed 1/2026, reflected... The facility shall provide care for all incontinent residents... Check residents at least every two to four hours. NJAC 8:39-27.1 (a), (e), 27.2 (h)	F0725		06/10/2026
F0756 SS = D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's	F0756	Resident #3's medication orders were immediately reviewed and corrected to reflect the appropriate administration route consistent with the resident's [REDACTED] and [REDACTED] status. The attending physician, nursing staff, and consultant pharmacist were notified of the medication discrepancy. The [REDACTED] U.S. FOIA (b)(6) received re-education from DON regarding identification and reporting of medication irregularities during monthly drug regimen reviews. All residents receiving medications via alternate administration routes or with swallowing restrictions had the potential to be affected. A facility-wide audit of residents with NPO status, enteral feedings, or swallowing restrictions was conducted to verify medication routes and physician orders were accurate. Any discrepancies identified during the audit were corrected immediately. DON provided Re-education to consultant	06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0756 SS = D	Continued from page 27 name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and review of facility policies it was determined that the U. S. FOIA (b) (2) failed to clarify medication route for a resident during the monthly medication reviews for 1 of 6 Residents, (Resident #3). On 4/23/26 at 10:54 AM, the surveyor observed Resident #3 awake in bed, the resident stated they were currently on a NJ Ex Order 26, 4B1 also known as NJ Ex Order 26, 4B1 delivers NJ Ex Order 26, 4B1 and does not NJ Ex Order 26, 4B1 On 4/23/26 at 11:55 AM the surveyor reviewed Resident #3's electronic medical record (e-MAR) which revealed the following: A review of the Resident #3's Admission Record (an admission summary) documented that the resident was admitted to the facility with diagnoses that included: NJ Ex Order 26, 4B1 A review of the 5 Day Medicare Minium Data Set (MDS), an assessment tool used to facilitate the management of care, with an assessment reference date (ARD) of NJ Ex Order 26, 4B1 revealed that the resident had a score of NJ Ex Order 26, 4B1 on the Brief Interview for Mental Status (BIMS), which indicated	F0756	Continued from page 27 pharmacists and licensed nurses regarding drug regimen review expectations and identification of medication irregularities. All new orders for residents with tube feedings or NPO status will be reviewed for proper medication route during the 24 hour chart check daily on 11-7shift. The unit manager or designee will conduct medication regimen audits weekly and report all findings monthly to the director of nursing. 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. Evaluation by the committee to determine continuing frequency of audits.	06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0756 SS = D	Continued from page 28 NJ Ex Order 26, 4B1 function. The MDS further revealed under Section NJ Ex Order 26, 4B1 that Resident #3 was receiving a NJ Ex Order 26, 4B1 A review of the NJ Ex Order 26, 4B1 Physician Orders (PO) for Resident #3 revealed multiple POs: NJ Ex Order 26, 4B1 "every shift." Dated NJ Ex Order 26, 4B1 NJ Ex Order 26, 4B1 Give NJ Ex Order 26, 4B1 AND Give NJ Ex Order 26, 4B1 every NJ Ex Order 26, 4B1 SHAKE WELL. TAKE AFTER MEALS. Dated NJ Ex Order 26, 4B1 and NJ Ex Order 26, 4B1 NJ Ex Order 26, 4B1 Give NJ Ex Order 26, 4B1 NJ Ex Order 26, 4B1 Give NJ Ex Order 26, 4B1 If ineffective NJ Ex Order 26, 4B1." Dated NJ Ex Order 26, 4B1 A review of Resident #3's progress notes revealed a note from the U. S. FOIA (b) (2) dated NJ Ex Order 26, 4B1 "Medication Regimen Reviewed. No recommendations made." On 4/28/26 at 9:17 AM, the surveyor interviewed the NJ Ex Order 26, 4B1 Floor U. S. FOIA (b) (2) and U. S. FOIA (b) (2) who both confirmed that Resident #3 is NPO and had two POs for NJ Ex Order 26, 4B1 The U. S. FOIA further stated that this discrepancy should have been caught by the U. S. FOIA as well as facility staff. On 4/28/26 at 9:18 AM, the U. S. FOIA provided the surveyor with a copy of the U. S. FOIA report for NJ Ex Order 26, 4B1 The report does not mention Resident #3's medication NJ Ex Order 26, 4B1 On 4/29/26 at 9:29 AM, the surveyor conducted a phone interview with the U. S. FOIA (b) (2) U. S. FOIA who stated the U. S. FOIA conducts medication reviews a for all residents monthly and two times per week for new and re-admitted residents. The U. S. FOIA revealed Resident #3's medication discrepancy should have been caught and noted by the U. S. FOIA. On 4/29/26 at 12:00 PM, the U. S. FOIA provided the surveyor with a facility policy titled, "Consultant Pharmacy Reports" revised on 1/2026. The procedure section of the policy revealed, "2. The Consultant Pharmacy will perform a drug regiment review (DRR) of all new admission/readmission orders...4. Any medication irregularities identified will be documented on a separate, written report and notification to attending physician, and director of nursing, listing the resident name, relevant drug and irregularity that was identified with resolution noted by the physician."	F0756		06/10/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0756 SS = D	Continued from page 29 On 4/29/26 at 12:15 PM, the surveyor met with the U. S. FOIA (b) (2) to review concerns found during the survey. The U. S. FOIA stated the medication irregularity for Resident #3 has been fixed, and the facility willing be conducting an addition medication audit. On 4/30/26 at 11:30 AM, the surveyor met with the U. S. FOIA (b) (2) for the exit conference. No further pertinent information was provided. NJAC 8:39- 29.3 (a)	F0756		06/10/2026
F0757 SS = D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is NOT MET as evidenced by: Based on interview, record review, and review of facility documentation, it was determined that the facility failed to ensure that the resident did not receive an unnecessary medication, by diagnosis, indication and effectiveness, for one (1) of twenty-two (22) residents reviewed, (Resident #6).	F0757	The indication for NJ Ex Order 26, 4B1 was clarified and updated to accurately reflect the resident # 6's diagnosis NJ Ex Order 26, 4B1. All residents receiving medications with off-label indications or requiring supporting physician documentation had the potential to be affected. Physicians, nurse practitioners, Facility Nurses and consultant pharmacists were re-educated by ADON regarding documentation requirements for off-label medication use. Medication review processes were revised to ensure supportive documentation is present for medications requiring clinical justification. Consultant pharmacists will notify the physician and Director of Nursing regarding missing supportive documentation. The Director of Nursing or designee will perform medication documentation audit on off-label medication use weekly and report all findings monthly to the administrator. 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. Evaluation by the committee to determine continuing frequency of audits.	06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0757 SS = D	Continued from page 30 The deficient practice was evidenced by the following: The surveyor reviewed Resident #6's electronic medical record (EMR) which revealed the following: An Admission Record (AR) reflected that Resident #6 was admitted to the facility with medical diagnoses that included but were not limited to bullous NJ Ex Order 26, 4B1 A Quarterly Minimum Data Set (qMDS) an assessment tool, with an assessment reference date (ARD) of NJ Ex Order 26, 4B1 reflected that the resident had a brief interview for mental status (BIMS) score of NJ Ex Order 26, 4B1 indicating the resident was NJ Ex Order 26, 4B1. Section H of the MDS reflected that the resident was always NJ Ex Order 26, 4B1. A review of Resident #6's Order Summary Report (OSR), a listing of the resident's physician orders, revealed that the resident was being administered NJ Ex Order 26, 4B1 The order reflected the instructions: Give NJ Ex Order 26, 4B1 one time a day for NJ Ex Order 26, 4B1 A review of the resident's electronic medication administration record (eMAR) revealed the order dated NJ Ex Order 26, 4B1 NJ Ex Order 26, 4B1 Give NJ Ex Order 26, 4B1 one time a day NJ Ex Order 26, 4B1. A review of Resident # 6's EMR revealed that from NJ Ex Order 26, 4B1 Primary Physician (Physician #1) had not written any monthly Medical Progress Notes (PN) in the electrotonic or paper chart that reflected a diagnosis, indication, or other comment relating to the unapproved or off-label use, or benefit vs risk for the NJ Ex Order 26, 4B1 Further review of the EMR revealed PN from the	F0757		06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0757 SS = D	Continued from page 31 U. S. FOIA (b) (2) A note dated as a Late Entry reflected a diagnosis of NJ Ex Order 26, 4B1. There were no NP notes that reflected the use of NJ Ex Order 26, 4B1 that included the benefit vs risk for use, the effectiveness or that the resident was NJ Ex Order 26, 4B1. Further review of the EMR revealed U. S. FOIA (b) (2) notes. The U. S. FOIA (b) (2) notes did not reflect any mention of off-label use of NJ Ex Order 26, 4B1, or requests for physician supportive documentation. On 4/29/26 at 9:54 AM, the surveyor interviewed the U. S. FOIA (b) (2). The surveyor asked the U. S. FOIA (b) (2) if it is an expectation of the U. S. FOIA (b) (2) to request documentation for NJ Ex Order 26, 4B1 use in NJ Ex Order 26, 4B1 from the U. S. FOIA (b) (2). The U. S. FOIA (b) (2) stated yes, it is an expectation to request supportive documentation. The surveyor reviewed the Manufacturer Package Insert for NJ Ex Order 26, 4B1 which reveal the approved use of NJ Ex Order 26, 4B1 under "INDICATIONS AND USAGE NJ Ex Order 26, 4B1) capsules are indicated for the treatment of the signs and symptoms of NJ Ex Order 26, 4B1. The (PI) also reflected the statement NJ Ex Order 26, 4B1 is not indicated for use in NJ Ex Order 26, 4B1. On 4/29/26 at 12:49 PM, the survey team met with the U. S. FOIA (b) (2) for concerns regarding the Resident #6 and the documentation for NJ Ex Order 26, 4B1. The surveyor notified the U. S. FOIA (b) (2) that Resident #6's primary physician did not have any documentation regarding the use of NJ Ex Order 26, 4B1 for Resident #6. Additionally, the U. S. FOIA (b) (2) had not documented anything about the use of NJ Ex Order 26, 4B1 in the resident at all. The surveyor also notified the U. S. FOIA (b) (2) of the indication reflected on the order and asked if NJ Ex Order 26, 4B1 would be appropriate for Resident #6. The U. S. FOIA (b) (2) stated, no, it is not. On 4/30/26 at 9:19 AM, the surveyor met with the U. S. FOIA (b) (2) for responses to concerns for Resident #6. The U. S. FOIA (b) (2) stated that the resident saw NJ Ex Order 26, 4B1 in the hospital and got a diagnosis of NJ Ex Order 26, 4B1. The U. S. FOIA (b) (2) also stated that the indication of NJ Ex Order 26, 4B1 was missed at several levels, admission nurses, 24 chart checks, pharmacists.	F0757		06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0757 SS = D	Continued from page 32 The facility did not provide any further pertinent information. N.J.A.C. 8:39-27.1(a)	F0757		06/10/2026
F0759 SS = D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure that all medications (meds) were administered without error of 5% or more during medication administration, four (4) nurses administered meds to six (6) residents. There were twenty-eight (28) opportunities for error, two (2) errors were observed which calculated to a medication administration error rate of 7.1%. This deficient practice was identified for 2 of 6 residents, (Resident #125, Resident #129), that were administered meds by 2 of 4 nurses observed. The deficient practice was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist." Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient	F0759	Resident #125's NJ Ex Order 26, 4B1 order was reviewed and corrected to ensure the appropriate NJ Ex Order 26, 4B1 was administered as ordered. Resident #129's NJ Ex Order 26, 4B1 monitoring procedure was reviewed to ensure NJ Ex Order 26, 4B1 readings are obtained immediately prior to medication administration when required by physician order. All residents receiving medications had the potential to be affected by medication administration errors. Licensed nurses received re-education from ADON regarding the five rights of medication administration and compliance with physician orders. Education was provided regarding medications requiring pre-administration assessments. The Director of Nursing or designee will conduct medication pass audits 3 medication pass observations weekly and report all findings monthly to the director of nursing. 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. Evaluation by the committee to determine continuing frequency of audits.	06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0759 SS = D	Continued from page 33 and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." On 4/27/26 at 9:00 AM, the surveyor observed the U. S. FOIA (b) (2) assigned to Resident #125 (RN#1) prepare meds for the resident. The meds included an active physician's order (PO) for the following: NJ Ex Order 26, 4B1 Give NJ Ex Order 26, 4B1 The surveyor observed the U.S. FOIA prepare and administer Resident #125's medications which included NJ Ex Order 26, 4B1 The surveyor then observed RN#1 administer the NJ Ex Order 26, 4B1, along with other due medications to the resident. Upon return to the medication cart (med-cart), the surveyor asked RN#1 to identify the bottle she took the NJ Ex Order 26, 4B1 from. RN#1 showed the surveyor the bottle labeled NJ Ex Order 26, 4B1. The surveyor asked RN#1 to compare the bottle label to the order on the resident's electronic medication administration record (eMAR). RN#1 stated that it should have been with NJ Ex Order 26, 4B1. On 4/27/26 at 10:08 AM the surveyor interviewed RN#1. The surveyor asked RN#1 if they should follow physician orders as written. RN#1 stated yes, they should. On 4/28/26 at 8:50 AM, the surveyor observed the U.S. FOIA assigned to Resident #129 (RN#2) prepare meds for administration to the resident. The meds included an active PO for the following: NJ Ex Order 26, 4B1 NJ Ex Order 26, 4B1, scheduled for administration at 7:30 AM. The surveyor observed RN#2 document the resident's NJ Ex Order 26, 4B1 in the electronic medication administration record (eMAR). The surveyor did not observe RN#2 obtain a NJ Ex Order 26, 4B1 from the resident, the surveyor asked RN#2 when the NJ Ex Order 26, 4B1 reading was taken. RN#2 stated that they took the	F0759		06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0759 SS = D	Continued from page 34 U.S. FOIA (b) (2) around 7:30 AM. RN#2 stated that they were holding (not administering) the med per the instructions if the U.S. FOIA (b) (2) was NJ Ex Order 26, 4B1 and the U.S. FOIA (b) (2) was NJ Ex Order 26, 4B1. The surveyor asked RN#2 if they normally use the U.S. FOIA (b) (2) reading from the morning to give meds later. RN#2 stated that if the U.S. FOIA (b) (2) was not taken earlier, they would have taken it right before giving the med. The surveyor concluded the medication pass observation with RN#2. On 4/28/26 at 9:16 AM, the surveyor interviewed the U.S. FOIA (b) (2). The surveyor asked what the expectations are for the staff taking NJ Ex Order 26, 4B1 for meds that require it. The U.S. FOIA (b) (2) stated that the NJ Ex Order 26, 4B1 should be taken just before administration. The surveyor reviewed the electronic medical record (EMR) for Resident #129 which revealed the following: An eMAR entry for NJ Ex Order 26, 4B1 with a code of NJ Ex Order 26, 4B1 that indicated hold/see nurse notes. An eMAR - Medication Administration Note dated NJ Ex Order 26, 4B1 at 8:53 AM that reflected, NJ Ex Order 26, 4B1 Give NJ Ex Order 26, 4B1 Hold for NJ Ex Order 26, 4B1 greater than NJ Ex Order 26, 4B1 med held NJ Ex Order 26, 4B1 On 04/29/26 at 12:49 PM, the survey team met with the U.S. FOIA (b) (2) to discuss concerns with the medication pass. The surveyor informed the U.S. FOIA (b) (2) of the errors observed during the observation. On 4/30/26 at 9:19 AM, the survey team met with the U.S. FOIA (b) (2) for responses to concerns. The U.S. FOIA (b) (2) stated that the staff was educated about following physician orders and proper recording of U.S. FOIA (b) (2) The facility did not provide any further pertinent information. The surveyor reviewed the policy provided by the U.S. FOIA (b) (2) titled Medication Administration Policy dated 1/26 Reviewed. The policy reflected, under Procedure: 3. Medications must be administered in	F0759		06/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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	
F0759 SS = D	Continued from page 35 accordance with the orders, including any required time frame. Line 10. Medications... must be administered within one (1) hour of their prescribed time, unless otherwise specified... N.J.A.C 8:39-29.2 (d)		F0759			06/10/2026	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NJ11952		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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	
S0000	Initial Comments The facility was not in compliance with the Standards in the New Jersey Administrative Code, Chapter 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			05/19/2026	
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 interviews and review of other facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the State of New Jersey. This 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 at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. "Direct care staff member" means any registered professional nurse, licensed practical nurse, or certified nurse aide who is acting in accordance with that individual's authorized scope of practice and pursuant to documented employee time schedules. The following ratio(s) were effective on 02/01/2021: 1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2)		S0560	The facility respectfully submits that staff to resident ratios were reviewed to ensure compliance with New Jersey minimal staffing requirements. Staffing coordinator was re in-serviced by the Director of Nursing on staffing ratio requirements. The facility respectfully submits that all residents may be affected by this practice. Policy and Procedure for Minimal Staffing was reviewed by Administrator and Director of Nursing and noted to include staffing ratio of Certified Nursing Assistant (C.N.A.) of 1:8 for day shift, 1:10 for evening shift and 1:14 for the night shift. Director of Nursing and Administrator will review open positions and applications plus results of any interviews weekly to look for opportunities to hire. 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. Audits will be completed by the Director of Nursing or designee to ensure that all staffing complies with		06/10/2026	

Office of Primary Care and Health Systems Management

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

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NJ11952		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
S0560	Continued from page 1 or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios: (1) One certified nurse aide to every eight residents for the day shift. (2) One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties, and (3) 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 certified nurse aide and perform certified nurse aide duties. a. A review of the New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report for the two weeks of staffing from 4/5/26 through 4/18/26 prior to the Standard survey of 5/7/26, revealed the facility was deficient in staffing hours as evidenced by the following: 04/05/26 had 9 CNAs for 103 residents on the day shift, required at least 13 CNAs. 04/06/26 had 10 CNAs for 99 residents on the day shift, required at least 12 CNAs. 04/07/26 had 11 CNAs for 99 residents on the day shift, required at least 12 CNAs. 04/08/26 had 11 CNAs for 99 residents on the day shift, required at least 12 CNAs. 04/09/26 had 11 CNAs for 99 residents on the day shift, required at least 12 CNAs. 04/10/26 had 11 CNAs for 99 residents on the day shift, required at least 12 CNAs. 04/11/26 had 11 CNAs for 99 residents on the day shift, required at least 12 CNAs. 04/12/26 had 11 CNAs for 99 residents on the day shift, required at least 12 CNAs.			S0560	Continued from page 1 staffing ratios. Audits will be done weekly x 4 weeks, monthly x 2 months and quarterly x 2 quarters. The results of all audits will be brought to the QAPI committee quarterly x 2 quarters.		06/10/2026

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NJ11952		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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	
S0560	Continued from page 2 04/13/26 had 10 CNAs for 100 residents on the day shift, required at least 12 CNAs. 04/14/26 had 10 CNAs for 99 residents on the day shift, required at least 12 CNAs. 04/17/26 had 10 CNAs for 99 residents on the day shift, required at least 12 CNAs. 04/18/26 had 11 CNAs for 102 residents on the day shift, required at least 13 CNAs. b. For the 2 weeks of Complaint staffing from 10/19/2025 to 11/01/2025, the facility was deficient in CNA staffing for residents on 12 of 14 day shifts as follows: 10/19/25 had 8 CNAs for 99 residents on the day shift, required at least 12 CNAs. 10/20/25 had 11 CNAs for 99 residents on the day shift, required at least 12 CNAs. 10/21/25 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs. 10/23/25 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs. 10/25/25 had 10 CNAs for 97 residents on the day shift, required at least 12 CNAs. 10/26/25 had 11 CNAs for 101 residents on the day shift, required at least 13 CNAs. 10/27/25 had 11 CNAs for 101 residents on the day shift, required at least 13 CNAs. 10/28/25 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs. 10/29/25 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs. 10/30/25 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs. 10/31/25 had 11 CNAs for 101 residents on the day shift, required at least 13 CNAs. 11/01/25 had 11 CNAs for 101 residents on the day shift, required at least 13 CNAs.	S0560				06/10/2026	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NJ11952		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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	
S0560	Continued from page 3 c. For the 2 weeks of Complaint staffing from 12/28/2025 to 01/10/2026, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: 12/28/25 had 8 CNAs for 110 residents on the day shift, required at least 14 CNAs. 12/29/25 had 12 CNAs for 109 residents on the day shift, required at least 14 CNAs. 12/30/25 had 11 CNAs for 109 residents on the day shift, required at least 14 CNAs. 12/31/25 had 12 CNAs for 109 residents on the day shift, required at least 14 CNAs. 01/01/26 had 8 CNAs for 109 residents on the day shift, required at least 14 CNAs. 01/02/26 had 11 CNAs for 105 residents on the day shift, required at least 13 CNAs. 01/03/26 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs. 01/04/26 had 8 CNAs for 103 residents on the day shift, required at least 13 CNAs. 01/05/26 had 9 CNAs for 103 residents on the day shift, required at least 13 CNAs. 01/06/26 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs. 01/07/26 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs. 01/08/26 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs. 01/09/26 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs. 01/10/26 had 12 CNAs for 103 residents on the day shift, required at least 13 CNAs.. On 04/27/2026 at 12:05 PM, the surveyor interviewed the staffing coordinator (SC), who stated she made the staffing schedule according to the mandated staffing rations which were 8 residents to 1 CNA on the day shift (7-3), 10 residents to 1 CNA on the evening shift (3-11) and 14 residents to 1 CNA on the overnight shift (11-7).	S0560				06/10/2026	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NJ11952		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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	
S0560	Continued from page 4 On 4/29/26 at 12:25 PM, the survey team met with the Licensed Nursing Home Administrator (LNHA) and Director of Nursing (DON) to discuss the above observations and concerns. On 4/30/26 at 10:58 AM, no further information was provided. A review of the facility's policy, "Staffing," dated 01/2026, revealed... Our facility maintains adequate staffing on each shift to ensure that our resident's needs and services are met... Certified Nursing Assistants are available on each shift to provide the needed care and services of each resident as outlined on the resident's comprehensive care plan... NJAC 8:39-27.1 (a), (e), 27.2 (h)	S0560				06/10/2026	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/12/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 06/12/2026 in relation to the 05/07/2026 Recertification survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities			F0000			

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
---	--	-------	-----------

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NJ11952		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/12/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 06/12/2026 in relation to the 05/07/2026 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			

Office of Primary Care and Health Systems Management

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: 315366		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
K0000 Bldg. 01	INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 05/06/26 and 05/07/26. Alaris Health at Belgrove 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. Alaris Health at Belgrove is a five-story building constructed in 1994. The facility is classified as Type II (222) construction and is divided into six smoke compartments. The building has Lobby Level (the level of egress) containing Elevators machine room, Administration office, Admission Office, Staff lounge and a maintenance shop. The Main Level contains Boilers room, Dining room, Kitchen, laundry service, and storage areas designated for the kitchen and central supply. The First, Second, and Third Floors are occupied by residents The facility has a complete automatic wet sprinkler system with an electric fire pump. The exterior diesel generator powers 70% of the building. The number of beds occupied was 105 out of 120.			K0000			05/22/2026
K0222 SS = F Bldg. 01	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: CLINICAL NEEDS OR SECURITY THREAT LOCKING			K0222	The identified deficient door was inspected and repaired by technician to ensure proper delayed egress function. The Maintenance Director, or designee, reviewed all doors with special locking arrangements serving the facility to confirm no additional deficiencies were identified. The facility acknowledges all residents could be potentially affected.		05/22/2026

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: 315366		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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	
K0222 SS = F Bldg. 01	Continued from page 1 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 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 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 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS 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	K0222	Continued from page 1 Maintenance staff were educated by the Administrator regarding requirements related to locking systems and emergency egress. The Maintenance Director, or designee, will conduct monthly inspection and testing of all special locking arrangements and egress doors for three 3 months. Results of the inspections and testing will be presented at the quarterly QAPI meetings for the next 2 quarters. If substantial compliance is not met, inspections will continue and be brought to QAPI meetings until substantial compliance is met.			05/22/2026	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
K0222 SS = F Bldg. 01	Continued from page 2 sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This STANDARD is NOT MET as evidenced by: Based on observations and interviews on 05/06/2026, in the presence of U. S. FOIA (b) (2), it was determined that the facility failed to ensure that delayed egress locking systems were installed and functioning in accordance with NFPA 101:2012 Edition, Sections 19.2.2.2.4, 7.2.1.6.1, 7.2.1.5.11 and 7.2.1.6.1.1. This deficient practice had the potential to affect all residents and was evidenced by the following: An observation conducted on 05/06/2026 at 12:25 PM, revealed that the double exit doors located near the kitchen were equipped with a delayed egress locking system. During testing conducted by the U.S.F.P., the delayed egress feature failed to function as intended. During an interview conducted at the time of the observation, the U.S.F.P. confirmed the finding. The facility's U. S. FOIA (b) (2) was informed of the deficient practices at the Life Safety Code exit conference on 05/07/2026 at 1:55 PM. N.J.A.C 8:39-31.2(e)	K0222		05/22/2026
K0223 SS = F Bldg. 01	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power.	K0223	The Director of Maintenance immediately released Admissions Office door, HVAC room door and Therapy Storage room doors that were noted propped open. The Maintenance Director, or designee, reviewed self-closing doors serving the facility to confirm no additional deficiencies were identified. The facility acknowledges all residents could be potentially affected. Maintenance staff were educated by the Administrator regarding Life Safety Code requirements for self-closing and latching doors. The Maintenance Director, or designee, will conduct monthly reviews of self-closing doors for 3 months.	05/24/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
K0223 SS = F Bldg. 01	Continued from page 3 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This STANDARD is NOT MET as evidenced by: Based on observations and interviews on 05/06/2026, in the presence of U.S. FOIA (b) (2), it was determined that the facility failed to ensure that doors with self-closing devices were automatic closing and only held open with approved hold-open devices in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 7.2.1.8.2. This deficient practice had the potential to affect staff and all residents and was evidenced by the following: An observation on 05/06/2026 at approximately 8:54AM, revealed that the self-closing door for the admission office was propped open. An observation on 05/06/2026 at 12:33PM, revealed that the self-closing door for the HVAC room by the conference room on the main level was propped open. An observation on 05/06/2026 at approximately 12:00PM, revealed that the self-closing door for the physical therapy storage room was propped open. During an interview conducted at the time of the observations, the U.S. FOIA (b) (2) confirmed the findings. The facility's U.S. FOIA (b) (2) was informed of the deficient practices at the Life Safety Code exit conference on 05/07/2026 at 1:55 PM. N.J.A.C 8:39-31.2(e)			K0223	Continued from page 3 Results of the reviews will be presented at the quarterly QAPI meetings for 2 quarters. If substantial compliance is not met, reviews will continue and be brought to QAPI meetings until substantial compliance is met.		05/24/2026
K0291 SS = F Bldg. 01	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This STANDARD is NOT MET as evidenced by: Based on observation and interview on 05/06/2026, in the presence of U.S. FOIA (b)(6), it was determined that the facility failed to provide a battery back-up emergency light above the Fire pump			K0291	Director of Maintenance installed back up emergency lighting at the transfer switch in the electric pump room. The Maintenance Director, or designee, reviewed emergency lighting serving the facility to confirm no additional deficiencies were identified. The facility acknowledges all residents could be potentially affected. b Maintenance staff were educated by the Administrator regarding NFPA requirements for emergency lighting inspection, testing, and		05/22/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
K0291 SS = F Bldg. 01	Continued from page 4 transfer switch, independent of the building's electrical system and emergency generator, in accordance with NFPA 101:2012 Edition, Sections 7.9, 19.2.9.1 and NFPA 110:2010 Edition, Section 7.3. This deficient practice was identified for 1 of 1 interior transfer switches, had the potential to affect all residents and was evidenced by the following: An observation on 05/07/2026 at 11:15 AM with the [REDACTED] revealed in the electric fire pump room, that the transfer switch was not equipped with battery backed-up emergency lighting of at least a 90-minute duration as required. During an interview conducted at the time of the observation, the [REDACTED] confirmed the finding. The facility's [REDACTED] U.S. FOIA (b) (2) was informed of the deficient practices at the Life Safety Code exit conference on 05/07/2026 at 1:55 PM. N.J.A.C 8:39-31.2(e)			K0291	Continued from page 4 documentation. The Maintenance Director, or designee, will conduct monthly functional testing of emergency lighting units for 3 months. Results of the testing will be presented at the quarterly QAPI meetings for 2 quarters. If substantial compliance is not met, testing will continue and be brought to QAPI meetings until substantial compliance is met.		05/22/2026
K0324 SS = F Bldg. 01	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2			K0324	Director of Maintenance fixed the positioning of the 4 suppression spray nozzles to aim forward to protect cooking equipment. The Maintenance Director, inspected kitchen suppression spray nozzles serving the facility to confirm no additional deficiencies were identified. The facility acknowledges all residents could be potentially affected. The Maintenance Director will maintain a preventive maintenance schedule for all required semiannual inspections. The Maintenance Director, or designee, will conduct monthly audits for 3 months, then quarterly thereafter. Any identified issues will be corrected immediately and results of the audits will be presented at the quarterly QAPI meetings for the next 2 quarters. If substantial compliance is not met, testing will continue and be brought to QAPI meetings until substantial compliance is met.		05/22/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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	
K0324 SS = F Bldg. 01	Continued from page 5 This STANDARD is NOT MET as evidenced by: Based on observations and interview on 05/06/2026, in the presence of U.S. FOIA (b) (2) it was determined that the facility failed to ensure that 4 of 8 kitchen cooking equipment's Wet Chemical fire suppression system nozzles were in the proper position to protect against fire in accordance with NFPA 101:2012 edition, Section 19.3.2.5.3*(10) and NFPA 96. This deficient practice had the potential to affect all residents and was evidenced by the following: An observation on 05/06/2026 at approximately 9:42 AM revealed in the facility kitchen that the wet chemical fire suppression system (over the cooking equipment) had four (4) suppression spray nozzles aimed backward and not positioned to protect the cooking equipment. During an interview conducted at the time of the observations, the U.S. FOIA (b) (2) confirmed the findings. The facility's U.S. FOIA (b) (2) was informed of the deficient practices at the Life Safety Code exit conference on 05/07/2026 at 1:55 PM. N.J.A.C 8:39-31.2(e)	K0324				05/22/2026	
K0345 SS = F Bldg. 01	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This STANDARD is NOT MET as evidenced by: Based on documentation review and interview on 05/07/2026, in the presence of the U.S. FOIA (b) (2) it was determined that the facility failed to ensure that the fire alarm system devices were tested, maintained in a normal operating condition, all components were fully operational, functioning as one system in accordance with the	K0345	The fire alarm vendor was contacted to confirm inspection of magnetic door holders and delayed egress devices. Testing was conducted and confirmed via report, which was placed in the facility's compliance records. The Maintenance Director reviewed recent vendor reports to ensure required components were tested. All applicable devices were confirmed to have been included. No additional action was needed. The facility acknowledges all residents could be potentially affected. The Maintenance Director, or designee, will confirm that future semi-annual vendor reports continue to include testing of required fire alarm system components. Results of the vendor's updated fire alarm testing			05/22/2026	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
K0345 SS = F Bldg. 01	Continued from page 6 requirements of NFPA 101, 2012 Edition, Section 9.7.5, 9.7.7 and 9.7.8, NFPA 72 2010 Edition, Section 14.4.2.2. The deficient practice had the potential to affect all residents was evidenced by the following: A documentation review conducted at 11:45 AM revealed that the facility's semi-annual fire alarm inspection reports, titled "Inspection and Testing Form" and dated 07/09/2026 and 02/02/2026, failed to include documentation of testing for all emergency control functions. Specifically, the reports did not document door hold release testing and door unlocking testing, including the locations and quantities of the device tested. In an interview at 1:01PM the U. S. FOIA (b) (2) confirmed that all the magnetic fire/smoke barrier door hold open devices and magnetic egress locks were not on the device list, inspected, tested, and maintained. The facility's U. S. FOIA (b) (2) was informed of the deficient practices at the Life Safety Code exit conference on 05/07/2026 at 1:55 PM. N.J.A.C 8:39-31.2(e).	K0345	Continued from page 6 report will be presented at the quarterly QAPI meeting for the next 2 quarters.	05/22/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/07/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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	
E0000	Initial Comments An Emergency Preparedness Survey was conducted by the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 05/06/2026 and 05/07/2026. The facility was found to be in compliance with 42 CFR 483.73.		E0000			05/23/2026	

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
---	-------	-----------

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING		(X3) DATE SURVEY COMPLETED 06/02/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
K0000 Bldg. 01	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 06/02/2026 in relation to the 05/07/2026 Life Safety Code survey. The facility was found to be in compliance 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.			K0000			

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
---	-------	-----------

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/02/2026	
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE , KEARNY, New Jersey, 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
E0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 06/02/2026 in relation to the 05/07/2026 Emergency Preparedness survey. The facility was found to be in compliance with the requirement for participation in Medicare/Medicaid at 42 CFR, Subpart 483.73, Emergency Preparedness.			E0000			

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
---	-------	-----------