STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315366	A. BUILDING _____ B. WING _____	C 03/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT BELGROVE	**195 BELGROVE DRIVE KEARNY, NJ 07032**

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F 000	INITIAL COMMENTS COMPLAINT # NJ161781, 161918 CENSUS: 79 SAMPLE SIZE: 16 The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000		
F 622 SS=H	Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii) §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the	F 622		5/5/23

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

Electronically Signed | 03/31/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or
(F) The facility ceases to operate.
(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.

§483.15(c)(2) Documentation.
When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.
(i) Documentation in the resident's medical record must include:
(A) The basis for the transfer per paragraph (c)(1)(i) of this section.
(B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).
(ii) The documentation required by paragraph (c)(2)(i) of this section must be made by-
(A) The resident's physician when transfer or

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F 622	Continued From page 2 discharge is necessary under paragraph (c) (1) (A) or (B) of this section; and (B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ00161781 and NJ00161918 Based on interviews, and review of medical records (MR) and other facility documentation on 3/2/23, 3/6/23 and 3/7/23, it was determined that the facility failed to a.) provide a 3 day written notice prior to the resident's voluntary discharge and b.) document in the residents MR that the responsible parties (RP) were given a thirty-day notice in advance of an impending discharge for an involuntary transfer or discharge. In addition, the facility failed to follow their policy on discharge and admission agreement. This deficient practice had caused [redacted] to the residents who was discharged on [redacted] for 6 of 8 residents (Residents #1, #2, #3, #5, #6, and #8) reviewed for discharge. This deficient practice is evidenced	F 622	Residents #1, #2, #3, #5, #6 and #8 were already discharged at the time of survey. LNHA called Alaris Health at Kearny ([redacted]) and spoke with Social Worker who asked patients and families if they desired to return to Alaris Health at Belgrove ([redacted]) residents and families responded "[redacted]" All residents are potentially affected. Social Workers, Admissions Department and Unit Managers were in-serviced by the Administrator and or designee on the Discharge Policy which includes	

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F 622	Continued From page 3 by the following: The surveyor reviewed facility "[NJ Ex Order] Discharges" on [NJ Ex Order 26.]. The [NJ Ex Order] Discharges revealed that Residents #1, #2, #3, #5, #6, and #8 were discharged from the facility (F1) to another facility (F2) on [NJ Ex Order 26.4]. Review of the facility "ADMISSION AGREEMENT (AG), under "SECTION 3. DISCHARGE AND TRANSFER...D. Voluntary Discharge. Thee (3) days-advance written notice is required prior to the Resident's voluntary discharge to complete appropriate discharge planning...G. Involuntary Transfer or Discharge. Resident/Sponsor will be given thirty (30) days advance notice of an impending transfer or discharge, unless: 1. Transfer or discharge is necessary for the resident's welfare and Resident's needs cannot be met in the facility. 2. Transfer or discharge is appropriate because the Resident's health has improved sufficiently the Resident no longer needs the service provided by the facility. 3. The safety of individuals in the facility is endangered. 4. The health of individuals in the facility would otherwise be endangered. 5. Resident/Sponsor has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare of Medicaid benefits) the stay at the facility. 6. An immediate transfer or discharge is required by the Resident's urgent medical needs. 7. The Facility ceases to operate." Review of the facility policy titled "Discharge/Transfers," dated 1/2023, revealed "Policy Statement It is the policy of this facility to provide guidelines for the discharge/transfer process. Procedures 1. Discharge planning begins on admission. 2. the facility IDT	F 622	guidelines for the discharge/transfer process with additional in-services on discharge documentation including resident choice, MDS reflecting discharge disposition, care plan reflecting desired discharge plan, along with documentation required for voluntary and/or involuntary discharges. Thirty days notice will be given as per regulation for all involuntary discharges. Inservice also included education on section of Admission Agreement that requires resident to give 3 days notice to the facility for any voluntary discharge that was not previously anticipated. Social worker and or designee audited all current and future residents with an established discharge date to assure all documentation was complete, MDS and care plan accurate to discharge plan. Weekly audit of scheduled IDT meeting documentation will be completed for residents with anticipated discharge plan, along with MDS and care plan audits for 3 months by Social Worker and/or Administrator on residents being discharged for proper documentation of discharge plan and accurate MDS and care plan. Any identified issues will be immediately corrected. All findings will be reported and reviewed monthly by the Administrator and reported quarterly during the QAPI meeting for the next 3 quarters by Administrator or designee to the QAPI committee. Evaluation by the QAPI committee to	

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F 622	Continued From page 4 [interdisciplinary team] will discuss discharge plans with the resident/patient and/or representative (i.e., return home/community, assisted-living, long-term care, etc.) throughout the resident/patient's stay at this facility. 3. If the resident/patient and/or representative requires long-term care and the facility does not have a bed available, the facility shall offer options including [NJ Ex], if those options meet the resident/patient needs. 4. Any changes to the discharge plan during the resident/patient stay shall be communicated to the IDT. 5. The facility will safely discharge/transfer a resident/patient based on what is appropriate to the resident/patient's welfare and needs..." 1. According to the Admission Record (AR), Resident #1 was admitted to the facility on [NJ Ex Order 26. 4B1] and was discharged on [NJ Ex Order 26.]. Diagnoses included but were not limited to: *NJ Ex Order 26. 4B1* [redacted]. The Minimum Data Set (MDS), an assessment tool dated *NJ Ex Order 26. 4B1*, revealed a [NJ Ex Order] [redacted] score of [NJ Ex]/15, which indicated *NJ Ex Order 26. 4B1* and the resident required extensive and total assistance with *NJ Ex Order 26. 4B1* [redacted]. The admission assessment MDS, dated [NJ Ex Order 26. 4B], further revealed in "Section [NJ Ex]", Resident #1 participated, expected to be discharged to the community, and active discharge planning was already occurring for the resident to return to the community. The quarterly assessment MDS, dated [NJ Ex Order 26. 4B], included that the resident participated and that an active discharge plan was already occurring for the resident to return to the community.	F 622	determine continuing frequency of audits.	

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A care plan (CP), initiated on [redacted], indicated that Resident #1 wished to return home with his/her RP. Interventions included but were not limited to; make arrangements with required community resources to support independence. There was no indication on the CP that the resident was to be discharged to [redacted].

Review of Resident #1's AG, dated [redacted] indicated the RP signed the AG acknowledging the involuntary discharge and voluntary discharge requirements.

The "Order Summary Report (OSR)," dated [redacted], revealed a Physician order for "Transfer to [redacted]."

A review of Resident #1's progress notes (PN), dated [redacted] at 10:54 am, documented by the [redacted], revealed that Resident #1 expressed interest in long term care and the RP was made aware. There was no documentation in the MR regarding plans for discharge to [redacted] until [redacted], one day prior to discharge. A PN by the SW on [redacted] at 9:33 pm, revealed "SW spoke with LTC [long term care] resident along with their family to discuss that [redacted] is transitioning to sub acute facility and offered transition to [redacted]. Both provided consent for the transfer by Friday [redacted]." A PN dated [redacted] at 11:24 am, documented by the Assistant Director of Nursing (ADON), further revealed "1100 [11:00 am] discharged; [transport company] arrived to transport via W/C [wheelchair] to [redacted]. All personal belongings and medication transported w/ [with] resident." A PN at 12:23 pm, documented by the Quality Assurance Registered Nurse (QARN), revealed "Resident discharged to

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[NJ Ex Order 26. 4B1]. Transported by [transport company] via wheelchair. All paperwork, personal belongings and medications were taken. Resident left in [NJ Ex Order 26. 4B1] .Family and MD [physician] aware." The PNs and MR revealed no documented evidence that voluntary discharge and/or involuntary discharge requirements was given to the resident and/or RP.

The surveyor conducted a post survey interview with Resident #1 on [NJ Ex Order 26.] at 11:00 am at [NJ Ex Order 26. 4B1]. Resident #1 stated that she/he was not aware that there was a plan of moving to [NJ Ex Order 26. 4B1] until the night before the transfer, [NJ Ex Order 26.]. The resident further stated that the facility advised her/him that they were to be transferred on Friday, [NJ Ex Order 26. 4B1]. However, on [NJ Ex Order 26.] during lunch time, the resident stated "[NJ Ex Order 26. 4B1] [redacted] " Resident #1 further stated "[NJ Ex Order 26. 4B1] [redacted] ." The resident further stated "[NJ Ex Order 26. 4B1] [redacted]

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2. According to AR, Resident #2 was admitted to the facility on [NJ Ex Order 26. 4B] and was discharged on [NJ Ex Order 26.]. Diagnoses included but were not limited to: *NJ Ex Order 26. 4B1* [redacted].

The MDS admission assessment, dated [NJ Ex Order 26. 4B], revealed a BIMS score of [NJ]/15, which indicated *NJ Ex Order 26. 4B1* [redacted]. Section [NJ B] of the MDS revealed the resident and RP participated and indicated the resident expected to remain in the facility. The MDS significant change assessment, dated [NJ Ex Order 26. 4B1], revealed the BIMS score was not conducted as Resident #2 was '*NJ Ex Order 26. 4B1* [redacted]." The significant change MDS further revealed under Section [NJ B] the resident and RP participated, and active discharge planning was not occurring for the resident to return to the community.

A CP, initiated on [NJ Ex Order 26.], indicated that the RP requested for Resident #1 to stay in the facility for LTC. There was no indication on the CP that the resident was to be discharged to [NJ Ex O].

Review of Resident #2's AG, dated [NJ Ex Order 26. 4B] and signed on [NJ Ex Order 26. 4B] indicated that the RP was acknowledging the involuntary discharge and voluntary discharge requirements.

The OSR, dated [NJ Ex Order 26.], revealed a Physician order for "Transfer to [NJ Ex O]."

A review of Resident #2's PN, dated [NJ Ex Order 26.] at 11:41 am, documented by SW #2, indicated '[NJ Ex O] [redacted] will remain in facility for LTC." A PN on [NJ Ex Order 26.] at 8:48 am and [NJ Ex Order 26. 4B1] at 12:00 pm, by SW #2, indicated that the resident will remain in

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the facility for LTC [long term care]. A PN on [redacted] at 9:26 pm, by the SW, indicated "SW spoke with LTC resident along with their family to discuss that [redacted] is transitioning to sub acute facility and offered transition to [redacted]. Both provided consent for the transfer by Friday [redacted]." A PN on [redacted] at 12:30 pm, documented by the QARN, indicated "Resident discharged to [redacted]. Transported by [transport company] via wheelchair. All paperwork, personal belongings and medications were taken. Resident left in [redacted]...Family and MD [(physician] aware." A PN on [redacted] at 1:00 pm, by RN #1, indicated that the resident was transferred to [redacted] and the resident's belongings were to follow.

The PNs and MR revealed no documented evidence that voluntary discharge and/or involuntary discharge requirements were given to the resident and/or RP.

3. According to AR, Resident #3 was admitted to the facility on [redacted] and was discharged on [redacted]. Diagnoses included but were not limited to: [redacted].

The MDS, dated [redacted], revealed a BIMS score of [redacted]/15, which indicated [redacted] and the resident required limited assistance with [redacted]. The MDS admission assessment, dated [redacted], reflected under section [redacted] that Resident #3 participated, expected to be discharged to the community, active discharge planning was already occurring for the resident to return to the community, and referral was not needed. The MDS quarterly assessment, dated [redacted], under section [redacted] included that Resident #3 participated, active discharge

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planning was already occurring for the resident to return to the community, and a referral was not needed.

A CP, initiated on [NJ Ex Order 26. 4B], indicated Resident #3 may need assistance to coordinate community resources for discharge to home. There was no indication on the CP that the resident was to be discharged to [NJ Ex].

Review of Resident #3's AG, dated [NJ Ex Order 26. 4B] and signed on [NJ Ex Order 26. 4B] indicated the resident was acknowledging the involuntary discharge and voluntary discharge requirements.

The OSR, dated [NJ Ex Order 26.], revealed a Physician order for "Transfer to [NJ Ex]"

A review of Resident #3's PN, dated [NJ Ex Order 26. 4B] at 10:58 am, documented by SW #2, indicated that Resident #3 verbalized he/she lived with his/her brother/sister and wishes to return home after rehabilitation. A PN on [NJ Ex Order 26.] at 11:28 am, by SW #3, revealed "SW spoke with patient and [Responsible Party] to inform them about patient's room change. Patient will move to LTC floor as [he/she] will stay in the facility for LTC...Both patient and [Responsible Party] expressed understanding..." A PN on [NJ Ex Order 26. 4B] at 2:47 by SW #2, revealed; "Followed up with [Responsible Party] regarding PT [patient] coverage and discharge by insurance. PT [patient] been discharged to an Assisted living discussed with [Responsible Party]. [Responsible Party] declined. [Responsible Party] states [he/she] wants PT [patient] to remain in the facility for LTC. [Responsible Party] requested a 30 days discharge notice..." A PN On [NJ Ex Order 26.] at 3:48 pm, by SW #2, indicated that the resident was not

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qualified for LTC and needed to be discharged back to the community. A PN on [NJ Ex Order 26. 4B] at 2:32 pm, documented by SW #2, indicated "IDCP [Interdisciplinary Care Plan] Team met with [Responsible Parties]...Purpose of meeting was to complete PT [patient] screening for LTC...Case manager requested documents be sent to her to review and a determination will be made regarding PT [patient] qualification to remain in a LTC facility or discharge home." A PN on [NJ Ex Order 26.] at 9:23 pm, documented by SW, indicated "SW spoke with LTC [long term care] resident along with their family to discuss that [NJ Ex Ord] is transitioning to sub acute facility and offered transition to [NJ Ex]]. Both provided consent for the transfer by Friday [NJ Ex Order 26. 4B]." A PN on [NJ Ex.Order 26.] at 12:30 pm by the QARN further revealed "Resident discharged to [NJ Ex O]. Transported by [transport company] via wheelchair. All paperwork, personal belongings and medications were taken. [Responsible Party] present during transfer and assisted with belongings. Resident left in [NJ Ex.Order 26.4(b)(1)] ...MD aware." A PN on [NJ Ex Order 26.] at 1:16 pm, by RN #1 revealed "...transferred to [NJ Ex O] via wheelchair with all [his/her] medication...belongings."

The surveyor conducted a post survey interview with Resident #3 on [NJ Ex Order 26.] at 11:55 am at F2. Resident #3 stated "*NJ Ex Order 26. 4B1* [redacted]

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NJ Ex Order 26. 4B1 [redacted] ."

4. According to AR, Resident #5 was admitted to the facility on [redacted] and was discharged on [redacted]. Diagnoses included but were not limited to: *NJ Ex Order 26. 4B1* [redacted].

The MDS admission assessment, dated [redacted], revealed a BIMS score of [redacted]/15, which indicated *NJ Ex Order 26. 4B1* [redacted]. The MDS further revealed that the resident participated in Section [redacted], the resident was expected to be discharged to the community and active discharge plan was already occurring for the resident to return to the community. The MDS significant assessment, dated [redacted], revealed a BIMS score of [redacted]/15, which indicated cognition was *NJ Ex Order 26. 4B1* [redacted] and the resident required extensive assistance with [redacted]. The MDS further revealed that the resident participated in Section [redacted] and an active discharge plan was already occurring for the resident to return to the community.

A CP, initiated on [redacted], indicated that Resident #5 wished to return home. There was no indication on the CP that the resident was to be discharged to [redacted].

Review of Resident #5's AG, dated [redacted] indicated that Resident #5 was acknowledging the involuntary discharge and voluntary discharge

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ALARIS HEALTH AT BELGROVE	**195 BELGROVE DRIVE KEARNY, NJ 07032**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 622	Continued From page 12 requirements. The OSR revealed there was no Physician order for Resident #5 to be transferred to [NJ Ex.] Review of a PN on [NJ Ex Order 26. 4B] at 3:20 pm, by SW #2, revealed "...admitted to the facility on [NJ Ex Order 26. 4B] from [NJ Ex Order 26. 4B]. [Resident #5] is [NJ Ex.Order 26.4(b)(1)] n. [Resident #5] states [she/he] resides alone and wishes to return home after rehab [rehabilitation]..." A PN On [NJ Ex Order 26. 4B] at 2:03 pm, by SW #2, revealed "IDCP [Interdisciplinary Cary Plan] Team met with PT [patient] and children to discuss...discharge plan. PT [patient] is [NJ Ex.Order 26.4(b)(1)] ...Family states prior to admission, PT [patient] lived alone and discharge plan is to return home after rehab [rehabilitation]. Family made aware team recommends LTC or 24hrs care if PT [patient] is discharged home. Aware no discharge date at this time...At this time, PT [patient] discharge plan is to return home..." A PN on [NJ Ex Order 26. 4B] at 10:41 am, by SW #2, indicated that the RP was undecided regarding the plan for discharge. A PN on [NJ Ex Order 26.] at 9:26 pm, by the SW, indicated "SW spoke with LTC resident along with their family to discuss that [NJ Ex.] is transitioning to sub acute facility and offered transition to [NJ Ex.]. Both provided consent for the transfer by Friday [NJ Ex Order 26. 4B]." The surveyor attempted to conduct a post survey interview with Resident #5 on [NJ Ex Order 26.] at 12:25 pm at [NJ Ex.], however, the resident did not answer any surveyor questions. Review of the residents	F 622		

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F 622	Continued From page 13 BIMS, dated [NJ Ex Order 26. 4B1] assessed by [NJ Ex], indicated that resident #5 had *NJ Ex Order 26. 4B1* . 5. According to AR, Resident #6 was admitted to the facility on [NJ Ex Order 26. 4B1] and was discharged on [NJ Ex Order 26.]. Diagnoses included but were not limited to: *NJ Ex Order 26. 4B1* . The MDS admission assessment, dated [NJ Ex Order 26. 4B1], revealed a BIMS score of [NJ Ex]/15, which indicated cognition [NJ Ex.Order 26.4(b)(1)] The MDS further revealed that the resident participated in section [NJ E], which indicated the resident expected to be discharged to the community and active discharge planning was already occurring to return to the community. The MDS quarterly assessment, dated [NJ Ex Order 26. 4B1], revealed a BIMS score of [NJ Ex]/15. Section [NJ E] indicated that the resident participated, and an active discharge plan was already occurring for the resident to return to the community. A CP, initiated on [NJ Ex Order 26. 4B1], indicated that the RP requested for Resident #6 to stay in the facility for LTC. There was no indication on the CP that the resident was to be discharged to [NJ Ex]. Review of Resident #6's AG, dated [NJ Ex Order 26. 4B1] and signed on [NJ Ex Order 26.] indicated that the resident was acknowledging the involuntary discharge and voluntary discharge requirements. The OSR, dated [NJ Ex Order 26.], revealed a Physician order for "Transfer to [NJ Ex]." Review of Resident #6's PN, dated [NJ Ex Order 26. 4B1] at 1:36 pm, documented by SW #3, indicated "...admitted from private home on [NJ Ex Order 26. 4B1] for LTC placement. Patient is [NJ Ex Order 26. 4B]...able to make	F 622		

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[his/her] NJ Ex.Order 26.4(b)(1)...Patient's DC [discharge] plan is to stay in the facility for LTC..." A PN on [redacted] at 10:31 pm, by the SW, indicated "SW spoke with LTC resident along with their family to discuss that [redacted] is transitioning to sub acute facility and offered transition to [redacted]. Both provided consent for the transfer by Friday [redacted]." A PN on [redacted] at 1:11 pm, by RN #1 revealed "...transferred to [redacted] via wheelchair with [his/her] medication, belongings to follow, picked up [transport company]..."

The surveyor conducted a post survey interview with Resident #6 on [redacted] at 11:29 am at [redacted]. Resident #6 confirmed that on [redacted], the RP was made aware he/she was moving to [redacted] on [redacted]. Resident #6 stated that he/she was [redacted] because there was no explanation was given. Resident #6 explained that on [redacted], he/she was surprised and rushed because [redacted] decided to move the residents to [redacted] and did not have the time to decide. Resident #6 stated "[redacted]"

6. According to AR, Resident #8 was admitted to the facility on [redacted] and was discharged on [redacted]. Diagnoses included but were not limited to: *NJ Ex Order 26. 4B1* [redacted].

The MDS admission assessment, dated [redacted], revealed a BIMS score of [redacted]/15, which indicated *NJ Ex Order 26. 4B1*. The MDS further revealed that Resident #8 participated in section

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[redacted] which indicated the resident expected to be discharged to the community, and active discharge plan was already occurring for the resident to return to the community. The MDS quarterly assessment, dated [redacted], revealed a BIMS score of [redacted]/15. Resident #8 participated in section Q and active discharge plan was already occurring for the resident to return to the community.

A CP, initiated on [redacted], indicated that the resident will be staying in the facility for LTC. There was no indication on the CP that the resident was to be discharged to [redacted].

Review of Resident #6's AG dated [redacted] and signed on [redacted], revealed that the resident was acknowledging the involuntary discharge and voluntary discharge requirements.

The OSR, dated [redacted], revealed a Physician order for "Transfer to [redacted]."

A PN on [redacted] at 10:32 pm, by the SW, indicated "SW spoke with LTC resident along with their family to discuss that [redacted] is transitioning to sub acute facility and offered transition to [redacted]. Both provided consent for the transfer by Friday [redacted]." A PN on 2/9/23 at 1:08 pm, by RN #1, indicated "12noon [12:00 pm] transferred to [redacted] via wheelchair ..."

The surveyor conducted a post survey interview with Resident #8 on 3/8/23 at 10:42 am at [redacted]. According to Resident #8, '[redacted]

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NJ Ex Order 26. 4B1 [redacted]."

At 10:50 am, the surveyor interviewed the RP. The RP stated that he/she was not aware that Resident #8 was going to be moved to [redacted].

The surveyor conducted an interview with the LNHA and QARN on 3/2/23 and 3/7/23. The LNHA and QARN confirmed Residents #1, #2, #3, #4, #5, #6, #7, and #8 were transferred to [redacted] on [redacted]. The LNHA stated they transferred residents to [redacted] because they needed sub acute beds for upcoming short-term admissions. The LNHA further stated that the first floor was closed due to staffing issue. The LNHA explained "residents had options to stay in the facility when offered to move them to [redacted] and their choices were honored." The LNHA and QARN stated that the transfer was a "voluntary discharge" because the facility and the RPs had an agreement prior to the resident's admission to [redacted]. The RPs were made aware that [redacted] had only short-term care bed available and did not have LTC beds available prior to the resident's admission. The LNHA and QARN stated that the admission process starts when the residents arrived in the building, and discharge planning and CP will be initiated. The LNHA confirmed that the transfer to [redacted] on [redacted] was not communicated to the office of Long-Term Care Ombudsman because the discharges were not acute, and it was the plan prior to admission to the facility.

During an interview with the surveyor on 3/7/23 at 10:16 am the QARN confirmed

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F 622	Continued From page 17 that Residents #1, #2, #3, #5, #6, and #8 did not met the criteria for the "Involuntary Transfer or Discharge" as indicated on AG. The surveyor conducted an interview with the Admission Director (AD) on 3/7/23 at 11:30 am, the AD stated that the resident/RPs and the facility agreement prior to admission had nothing to do with the "admission agreement." The AD further stated that the content of the AG was discussed/explained to the residents/RPs prior of them signing, when the residents/RPs sign the AG meant that they were agreeing what was discussed and explained related to the content of the AG. The AD also stated the residents/RPs were entitled to change their mind and will be honored and will be documented in the MR. The surveyor conducted an interview with the Regional Admission Director (RAD) on 3/7/23 at 2:56 pm. The RAD stated that residents who were moved to [redacted] on [redacted] were all voluntary discharges because of the verbal agreement prior to admission. The RAD further stated that the RPs were notified in *Ex Order 26. 4B1* that the "moving will happen once the LTC bed is available at [redacted]." The RAD was unable to provide documentation in the residents MR that the residents/RPs were notified of the upcoming transfer prior to [redacted]. The facility was unable to provide documentation that residents and/or RPs were notified in writing, prior to discharge to [redacted], for the residents who were a "voluntary discharge" to the [redacted]. In addition, the facility was unable to provide documentation in the residents MR indicating that a 30 day notice was provided to the residents who were "involuntary transferred" to [redacted].	F 622		

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F 622	Continued From page 18 The SWs were not available for interview on 3/2/23, 3/6/23, and 3/7/23. Further review of Residents #1, #2, #3, #5, #6, and #8's MR, revealed that there was no documented evidence that residents were provided with the voluntary discharge and/or involuntary discharge requirements which was not according to the AG's.	F 622		
F 658 SS=D	NJAC 8:39- 4.1(a)31(iii)(32) NJAC 8:39- 5.1(b)(e) Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ161781 Based on observation, interview, and review of medical record (MR) and other facility documentation on 3/2/23, 3/6/23 and 3/7/23, it was determined that the facility failed to administer a NJ Ex Order 26. 4B1 and/or accurately document a treatment administration according to the physician's orders (POS) and acceptable standards of clinical practice. In addition, the facility failed to follow their policy on treatment administration, POS, and documentation for 1 of 3 residents (Resident #16). This deficient practice	F 658	Resident #16 dressing was immediately changed as per Ex Order 26. 4B1, dated, initialed by nurse and recorded in the TAR. Nurses assigned to resident #16 on Ex Order 26. 4B1 were in-serviced on Ex Order 26. 4B1, correct documentation of Ex Order 26. 4B1 and following Ex Order 26. 4B1 orders set by the doctor.	3/31/23

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F 658	Continued From page 19 is evidenced by the following: 1. According to the Admission Record (AR), Resident #16 was admitted to the facility on [redacted] with diagnoses that included but were not limited to: [redacted]. The Minimum Data Set (MDS), an assessment tool dated [redacted], revealed a Brief Interview for Mental Status (BIMS) score of [redacted], which indicated [redacted] and the resident required extensive assistance with [redacted] A care plan (CP), revised [redacted] included that Resident #16 had [redacted]. Interventions included but were not limited to; render treatment as ordered and support [redacted] with pillows. A weekly wound report (WR) dated [redacted], included a [redacted] and treatment recommendations of [redacted] daily. A Physician "Order Summary Report" (POS) revealed a PO dated [redacted] to; cleanse [redacted], pat dry, apply [redacted], NJ Ex.Order 26.4(b)(1) with [redacted] every day shift (7AM-3PM). Review of the Treatment Administration Record (TAR) for [redacted] confirmed the aforementioned PO and indicated the treatment was to be completed once daily on day shift. The nurses who were assigned to complete the treatment initialed/signed the TAR as completed on the	F 658	All residents with active wound treatment orders could potentially be affected. All nurses were serviced by the Director of Clinical Services, Director of Nursing and RN supervisor on wounds, treatments and following orders. Assigned nurses will check wounds and treatments daily for a month to ensure treatments are rendered as per treatment orders. Prior to wound treatment the assigned nurse will check the date, time and initials of when the last treatment was completed. If dressing is noted to be inconsistent with orders, nurse is required to bring the issue to a nurse manager's attention. Director of Nursing, RN Supervisor or Charge Nurse will conduct audits on dates on wound dressings weekly on 5 residents for 3 months. All findings from wound dressing audits will be reviewed by the Director of Nursing and QAPI conducted to check for compliance for 3 months.	

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following dates: License Practical Nurse (LPN) #1 on [redacted], LPN #3 on 3/4/23, and LPN #2 on [redacted]. Registered Nurse (RN) #2 did not sign/initial the TAR on [redacted] which indicated the treatment was not completed.

During a [redacted] observation on 3/6/23 at 11:00 AM with LPN #1, the surveyor and LPN #1 observed Resident #16's [redacted] to [redacted]. The dressing was signed and dated [redacted]; which was 4 days prior. LPN #1 stated, "that's my signature," when the surveyor asked whose signature was on the dressing. LPN #1 confirmed that the signature on the dressing was hers and the date [redacted] was correct. She stated that nurses are required to follow PO and change the dressing as ordered. LPN #1 added, the dressing had not been changed since she last changed it on [redacted] and the assigned nurses on [redacted] should have completed the dressing change. She explained if the TAR was initialed/signed on [redacted] it meant the nurse administered the treatment, but it appeared the dressing was not changed.

There was no indication in the [redacted] (PN) that the treatment was administered, or that Resident #16 refused on the aforementioned dates.

During an interview with the surveyor 3/6/23 at 9:45 AM, Resident #16 stated that he/she was aware the dressing is changed every day. However, Resident #16 confirmed the dressing was not changed for the past three days. The resident explained the nurses were busy and he/she did not want to bother them.

During a telephone interview with the surveyor on

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F 658	Continued From page 21 3/7/23 at 12:06 PM, LPN #2, the assigned nurse to Resident #16 on [redacted], confirmed she did not perform a treatment or change the dressing to Resident #16's [redacted] as ordered on [redacted]. She could not explain why she signed the TAR to indicate the dressing was changed even if it was not completed. During a telephone interview with the surveyor on 3/7/23 at 1:38 PM, RN #2, the assigned nurse to Resident #16 on [redacted], confirmed she did not sign/initial the TAR on [redacted] because she did not administer the treatment or change the dressing to Resident #16's [redacted]. However, she stated nurses are required to follow PO and change the dressing as ordered. The surveyor was unable to interview LPN #3 who was assigned to Resident #16 on [redacted]. During an interview with the surveyor on 3/7/23 at 1:57 PM, the interim Director of Nursing (DON) stated that nurses are expected to administer wound treatments as scheduled, follow the PO, and document in the TAR to show that the dressing change was completed. She acknowledged that the assigned nurses' failure to administer the [redacted] or signing the TAR to indicate the dressing was changed but was not completed is not an acceptable practice. During exit on 3/7/23 at 4:00 PM, the Administrator stated that nurses are required to follow PO and administer wound treatments as ordered. Nursing documentation is mandatory, and nurses must document accurately. Review of facility policy titled "Administering Medication" revised on 11/14/22; under	F 658		

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F 658	Continued From page 22 "Procedure" indicated that 10. Topical medications used in treatments must be recorded on the resident's treatment record (TAR). Review of facility policy titled "Physician Orders" revised on 3/3/21; under "Policy" indicated that it is the policy of the facility to follow all physician orders. Under "Procedure" indicated that 3. Medications, treatments, and medical interventions shall be administered according to established schedules. 4. The licensed nurse shall document all physician's order were administered and followed to each resident on their medical record. Review of facility policy titled "Nursing Documentation" revised on 3/3/21; under "Policy" indicated that nursing documentation shall be completed in accordance with federal, state, and nursing practice standards.	F 658		
F 755 SS=E	NJAC 8:39-11.2(b) Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and	F 755		3/31/23

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F 755	Continued From page 23 biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ161781 Based on observation, interview, and review of medical record (MR) and other facility documentation on 3/2/23, 3/6/23 and 3/7/23, it was determined that the facility failed to administer narcotic controlled medication and/ or accurately document the administered medication according to the physician's orders (POS) and acceptable standards of clinical practice. Additionally, the facility failed follow their policy on treatment administration, POS, documentation, and controlled substances for 3 of 3 residents (Resident #13, #14, and #15). This deficient practice is evidenced by the following: 1. According to the Admission Record (AR), Resident #13 was admitted to the facility on [redacted] with diagnoses that included but were not	F 755	[redacted] completed on Resident# 13, 14 and 15. [redacted] completed. [redacted] reported. DON conducted an Immediate Review of discrepancies. All nurses in-serviced by DON on proper documentation of medication administration on MAR and narcotic declining sheet. All residents with active narcotic orders could potentially be affected. Director of Clinical Services, DON,	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 755	Continued From page 24 limited to: Ex Order 26. 4B1 . The Minimum Data Set (MDS), an assessment tool dated Ex Order 26. 4B1, revealed Resident #13 was unable to complete Brief Interview for Mental Status (BIMS) and cognition was Ex Order 26. 4B1 . A care plan (CP), revised NJ Ex.Order 26.4(b, included that Resident #13 had Ex Order 26. 4B1 . A Physician "Order Summary Report" (POS) revealed a PO dated Ex Order 26. 4B1 for Ex Order 26. 4B1 , give 1 tablet by mouth two times a day for NJ Ex.Order 26.4(b)(1). Review of the Medication Administration Record (MAR) from Ex Order 26. 4B1 confirmed the aforementioned PO and indicated Ex Order 26. 4B1 was to be given twice daily at 6AM and 5PM. The nurses initialed/signed the MAR according to the PO from Ex Order 26. 4B1 to indicate the medication was given. However, the "individual patient controlled substance administration record" (IPCSAR), a declining sheet, revealed Ex Order 26. 4B1 was not removed/deducted, wasted, or administered to Resident #13 on Ex Order 26. 4B1 , and Ex Order 26. 4B1 at 6AM; Ex Order 26. 4B1 , Ex Order 26. 4B1 ; and on Ex Order 26. 4B1 at 5PM The Cubex (an emergency stock supply dispenser) record sheet titled "Transaction by Patient" revealed no indication Ex Order 26. 4B1 was	F 755	Supervisor and Change Nurse In-serviced nurses on the following: 1. proper documentation of medication administration on MAR and narcotic declining sheet; 2. protocol when resident□s medication is not available. The Cubex Machine for backup medication is to be utilized in the event medication are not available in the medication cart. If not in the Cubex the MD needs to be notified for further orders and 3. checking the orders prior to med administration DON, Supervisor and/or Charge Nurse to check the Narcotic declining sheets against the Medication Administration Record (MAR) for accuracy of order administration once daily for 3 months. All findings from Narcotic audits will be reviewed by the Director of Nursing and QAPI conducted to check for compliance for 3 months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315366	A. BUILDING _____ B. WING _____	C 03/07/2023

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F 755	Continued From page 25 removed/deducted or administered to Resident #13 on the aforementioned dates and times. Review of nursing progress notes (PN) revealed no indication Resident #13 refused Ex Order 26. 4B1 on the aforementioned dates and times. On 3/6/23 at 10:25 AM, Resident #13 was unable to participate in interview due to Ex Order 26. 4B1 . 2. According to AR, Resident #14 was admitted to the facility on Ex Order 26. 4B1 with diagnoses that included but were not limited to: Ex Order 26. 4B1 The MDS dated Ex Order 26. 4B1, revealed a BIMS score of NJE which indicated Resident #14's cognition was Ex Order 26. 4B1 . Review of CP, initiated Ex Order 26. 4B1, included that Resident #14 had behaviors of refusing care, showers, Ex Order 26. 4B1 , cursing and yelling staff when offered and/or rendering care. Interventions included but were not limited to; medicate with Ex Order 26. 4B1 medication per physician orders. The POS revealed a PO dated Ex Order 26. 4B1 for Ex Order 26. 4B1 , give 1 tablet by mouth three times a day for NJ Ex.Order 26.4(b)(1). Review of the MAR from Ex Order 26. 4B1 confirmed the aforementioned PO and indicated Ex Order 26. 4B1 was to be given three times a day at 8AM, 2PM and 8PM. The nurses initialed/signed the MAR according to the PO from Ex Order 26. 4B1 to indicate the medication was given. However, the declining sheet revealed Ex Order 26. 4B1 was not removed/deducted, wasted, or administered to	F 755		

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F 755	Continued From page 26 Resident #14 on Ex Order 26. 4B1 at 8AM; Ex Order 26. 4B1 at 2PM and on Ex Order 26. 4B1 at 8PM. The Cubex record sheet revealed no indication Ex Order 26. 4B1 was removed/deducted or administered to Resident #14 on the aforementioned dates and times. Review of nursing PN revealed no indication Resident #14 refused Ex Order 26. 4B1 on the aforementioned dates and times. On 3/6/23 at 2:00 PM, Resident #14 was unable to participate in interview due to Ex Order 26. 4B1 . 3. According to the AR, Resident #15 was admitted to the facility on Ex Order 26. 4B1 with diagnoses that included but were not limited to: Ex Order 26. 4B1 The MDS dated NJ Ex Order 26. 4B1, revealed a BIMS score of NJ Ex.O which indicated Resident #15's cognition was Ex Order 26. 4B1 . Review of CP, revised NJ Ex.Order 26.4 included that Resident #15 had potential for NJ Ex.Order 26.4(b)(1) , Ex Order 26. 4B1 . Interventions included but were not limited to; administer NJ Ex.Orde as per physician's order and anticipate need NJ Ex.Order 26.4(b)(1) and respond immediately to any NJ Ex.Order 26.4(b)(1). The POS revealed a PO dated Ex Order 26. 4B1 for Ex Order 26. 4B1 , give 1 tablet by mouth two times a day for NJ Ex.Order	F 755		

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F 755	Continued From page 27	F 755		

Review of the MAR from Ex Order 26. 4B1 confirmed the aforementioned PO and indicated Ex Order 26. 4B1 was to be given twice daily at 9AM and 5PM. The nurses initialed/signed the MAR according to the PO from Ex Order 26. 4B1 to indicate the medication was given. However, the declining sheet, revealed Ex Order 26. 4B1 was not removed/deducted, wasted, or administered to Resident #15 on Ex Order 26. 4B1 at 9AM and Ex Order 26. 4B1 at 5PM. On Ex Order 26. 4B1 at 5PM, the nurses entered "see nurses notes" in the MAR.

During an interview with the surveyor on 3/7/23 at 1:57 PM, the interim Director of Nursing (IDON) explained the nurses documented "awaiting delivery" of Ex Order 26. 4B1 on Ex Order 26. 4B1 at 5PM.

The Cubex record sheet revealed no indication NJ Ex.Order 26.4(b)(1) was removed/deducted and administered to Resident #15 on the aforementioned dates and times.

Review of nursing PN revealed no indication that Resident #15 refused Ex Order 26. 4B1 on the aforementioned dates and times.

On 3/6/23 at 2:10 PM, Resident # refused an interview with the surveyor.

During a telephone interview with the surveyor on 3/9/23 at 10:02 AM, Registered Nurse (RN) #1 was unable to explain why she signed/initialed the MAR on Ex Order 26. 4B1 at 5PM to indicate she had given Resident #13 Ex Order 26. 4B1 or why the medication was not removed/deducted or wasted on the

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F 755	Continued From page 28	F 755		

declining sheet. However, she stated if it was not deducted then it was not administered. RN #1 confirmed that nurses are to sign the MAR immediately after giving medication(s) to a resident. If a resident refused a narcotic medication, it must be signed as wasted in the declining sheet by two nurses and documented in the MAR. She added she should have ensured the medication was given before signing the MAR.

During a telephone interview with the surveyor on 3/9/23 at 7:40 PM, RN #3 was unable to explain why she signed/initialed the MAR on Ex Order 26. 4B1 [redacted] at 5PM to indicate she had given Resident #13 Ex Order 26. 4B1 [redacted] or on Ex Order 26. 4B1 [redacted] at 8PM to indicate that she had given Resident #14 Ex Order 26. 4B1 [redacted]. Additionally, she could not explain why both medications were not removed/deducted or wasted on the declining sheet. However, RN #3 stated if a medication was not administered, nurses should not sign the MAR as given.

During a telephone interview with the surveyor on 3/10/23 at 12:45 PM, the Nurse Practitioner (NP) for the aforementioned residents stated she expects nurses to follow PO and administer medications as ordered. Nurses must notify her or the Physician for repeated medication refusals so they can determine appropriate treatment plan.

During an interview with the surveyor on 3/7/23 at 1:57 PM and a telephone interview on 3/9/23 at 10:10 AM, the interim Director of Nursing (DON) explained nurses are expected to follow PO, administer medications as ordered and document in the PN or MAR accurately. She continued to explain if a medication could not be delivered on

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F 755	Continued From page 29	F 755		

time, it is the nurses' responsibility to obtain medication from the cubex if available and administer as ordered. If unavailable, nurses must call the physician for instructions. The DON acknowledged it was not acceptable to sign the MAR if the medication was not administered. Nurses are required to follow PO, administer medication(s) timely and as ordered, and document accurately.

During exit on 3/7/23 at 4:00 PM, the Administrator stated that nurses are required to follow PO and administer medications as ordered. Nursing documentation is mandatory, and nurses must document accurately.

Review of facility policy titled "Administering Medication" revised 11/14/22; under "Policy" indicated that it is the policy of the facility that medications shall be administered in a safe and timely manner, and as prescribed. Under "Procedure" indicated that 2. Medications must be administered in accordance with the orders ...9. The nurse administering the medication must initial the resident's MAR ...after giving ...and before administering the next one. 13. Medications ordered for a specific resident may not be administered to another resident.

Review of facility policy titled "Physician Orders" revised 3/3/21; under "Policy" indicated that it is the policy of the facility to follow all physician orders. Under "Procedure" indicated that 3. Medications, treatments, and medical interventions shall be administered according to established schedules. 4. The licensed nurse shall document all physician's order were administered and followed to each resident on their medical record.

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F 755	Continued From page 30 Review of facility policy titled "Nursing Documentation" revised 3/3/21; under "Policy" indicated that nursing documentation shall be completed in accordance with federal, state, and nursing practice standards. Review of facility policy titled "Inventory of Controlled Substances" revised 1/2023; under "Policy" indicated that the facility shall comply with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of Schedule II and other controlled substances. Under "Narcotic Declining Inventory Form" indicated 2. Borrowing of controlled substances from another resident is not permitted. NJAC: 8:39-29.2(d)	F 755		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT
315366 Y1	Y2	5/26/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT BELGROVE	195 BELGROVE DRIVE KEARNY, NJ 07032

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0622 Reg. # 483.15(c)(1)(i)(ii)(2)(i)-(iii) LSC	Correction Completed 05/05/2023	ID Prefix F0658 Reg. # 483.21(b)(3)(i) LSC	Correction Completed 05/05/2023	ID Prefix F0755 Reg. # 483.45(a)(b)(1)-(3) LSC	Correction Completed 05/05/2023
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
3/7/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO