

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

PRINTED: 05/31/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315366</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/06/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALARIS HEALTH AT BELGROVE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>195 BELGROVE DRIVE</b> <b>KEARNY, NJ 07032</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  COMPLAINT # NJ00163892  CENSUS: 96  SAMPLE SIZE: 3  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 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.  §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in	F 609			12/31/23

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

TITLE

(X6) DATE

Electronically Signed

12/20/2023

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

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F 609	<p>Continued From page 1</p> <p>accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: C#: NJ00163892</p> <p>Based on interviews, and record review, as well as review of pertinent facility documents on 12/6/23, it was determined that the facility staff failed to report an <b>NJ Exec Order 26.4b1</b> to the New Jersey Department of Health (NJDOH) as required and according to the facility's policy "Abuse Prevention Program" for 1 of 3 sampled residents (Resident #1) reviewed for incident and accident investigation and reporting.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. According to the Admission Record (AR), Resident #1 was admitted to the facility on <b>NJ Exec Order 26.4b1</b> with diagnoses which included but were not limited to: <b>NJ Exec Order 26.4b1</b>.</p> <p>A Minimum Data Set (MDS), an assessment tool, dated <b>NJ Exec Order 26.4b1</b>, revealed that Resident #1 had a Brief Interview for Mental Status (BIMS) score of <b>NJ Exec Order 26.4b1</b>, which indicated resident <b>NJ Exec Order 26.4b1</b>. Further review of the MDS section C indicated resident has <b>NJ Exec Order 26.4b1</b> and the resident required assistance with activities of daily living (ADLs).</p> <p>The Progress note (PN) dated <b>NJ Exec Order 26.4b1</b> at 11:31 a.m., Registered Nurse (RN #1) documented, "noted during AM care with <b>NJ Exec Order 26.4b1</b></p>	F 609	<p>Current Administrator reported the <b>NJ Exec Order 26.4b1</b> to DOH and LTCO for Resident#1</p> <p>All residents residing in the facility have the potential to be affected.</p> <p>All Staff in-serviced by Infection Preventionist Nurse and RN designee on abuse and abuse reporting to immediate supervisor or Administrator. All allegations of abuse will be reported to DOH within 2 hour of notification by facility designee.</p> <p>Administrator or designee will review all abuse investigations and timeliness of reporting, investigation and timeliness of staff suspension pending investigation if necessary weekly for 3 months and then to be reevaluated.</p> <p>All allegations will be reported to DOH within 2 hours. LTCO will also be notified. All allegations will be reviewed and investigated as they occur and reported quarterly during the QAPI meeting for the next 2 quarters by Administrator to the QAPI committee.</p>		

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F 609	<p>Continued From page 2</p> <p>NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1, NJ Exec Order 26.4b1.</p> <p>The incident report (IR), dated NJ Exec Order 26.4b1 at 8:30 a.m., indicated that during AM care, Resident #1 had a NJ Exec Order 26.4b1. The IR further indicated that Resident #1 was unable to give a description and that there was no witness found.</p> <p>During an interview with the surveyors on 12/6/23 at 1:40 p.m., the RN who was assigned to Resident #1 on NJ Exec Order 26.4b1 during 7:00 a.m. to 3:00 p.m. shift confirmed what was written on the IR on NJ Exec Order 26.4b1 and reported to the Director of Nursing (DON). RN #1 further stated that she did not report to NJDOH, however she reported to the DON.</p> <p>During an interview with the surveyors on 12/6/23 at 2:03 p.m., the Director of Nursing (DON) and Licensed Nursing Home Administrator (LNHA) explained that one of the criteria for an NJ Exec Order 26.4b1 which was included but not limited to a NJ Exec Order 26.4b1. LNHA acknowledged that she was responsible to report to the NJDOH. The LNHA stated that the incident on NJ Exec Order 26.4b1 occurred prior of her employment.</p> <p>The facility was unable to provide documentation that the aforementioned incident was reported to the NJDOH.</p> <p>A review of the facility's policy titled "Abuse Prevention Program" revised on 2/8/23, under ABUSE PREVENTION PROGRAM - PART VIII - REPORTING/RESPONSE Procedure included but was not limited to: "The Administrator and DON will initiate the investigation of the potential</p>	F 609			

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F 609	Continued From page 3 abuse incident ...report to the ...Department of Health ...within specified timeframes ..." and "All alleged violation...including injuries of an unknown source...will be reported immediately, but not later than: Two (2) hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than Twenty-Four (24) hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury ..."	F 609			
F 755 SS=D	NJAC 8:39-9.4 (f) Pharmacy Srvc/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 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.	F 755		12/31/23	

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F 755	<p>Continued From page 4</p> <p>§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</p> <p>§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: Based on observation, interview, and review of medical records and other pertinent facility documentation on 12/6/23, it was determined that the facility failed to follow professional standards of clinical practice for administration of medications and adhering to the facility's policy for using the Medication Administration Record for 1 of 3 residents (Resident #2) reviewed for medication administration.</p> <p>The deficient practice was evidenced by the following:</p> <p>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."</p> <p>During the interview with the surveyors on, in the</p>	F 755	<p>Medication error report completed for medication left at bedside for Resident#2 and Nurse was immediately in-serviced on policy and procedures on medication administration.</p> <p>All residents receiving medication could have the potential to be affected.</p> <p>All nurses in-serviced by Infection Preventionist Nurse and RN Designee on medication administration, proper documentation and following MD orders.</p> <p>Director of Nursing or Nurse designee will conduct medication pass on 3 nurses weekly for 3 months then monthly. All findings will be reported and reviewed monthly and reported quarterly during the QAPI meeting for the next 2 quarters by DON or designee to the QAPI committee. Evaluation by the committee to determine continuing.</p>		

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F 755	<p>Continued From page 5</p> <p>presence of Registered Nurse/Unit Manager (RNUM) on 12/6/23 at 9:48 a.m. observed 1 medicine cup filled with 7 medications was found on Resident #2's breakfast table. Resident stated, "the nurse left it on the table." The Resident was observed taking the medication.</p> <p>According to the admission record, Resident #2 was admitted on [REDACTED] with diagnoses that included but was not limited to: [REDACTED] NJ Exec Order 26.4b1 [REDACTED]</p> <p>The Minimum Data Set (MDS), an assessment tool, dated [REDACTED] NJ Exec Order 26.4b1, revealed a BIMS of [REDACTED] NJ Exec Order 26.4b1, which indicated the Resident's [REDACTED] NJ Exec Order 26.4b1 was [REDACTED] NJ Exec Order 26.4b1 with Activity of Daily Living.</p> <p>A Care Plan (CP), initiated on [REDACTED] NJ Exec Order 26.4b1 included that the Resident was diagnosed with [REDACTED] NJ Exec Order 26.4b1. The intervention included but was not limited to [REDACTED] NJ Exec Order 26.4b1 as ordered by doctor.</p> <p>The "PHYSICIAN'S ORDER" (PO) for [REDACTED] NJ Exec Order 26.4b1 reflected the following Physician's orders:</p> <p>On [REDACTED] NJ Exec Order 26.4b1, [REDACTED] NJ Exec Order 26.4b1, give 1 capsule by mouth 2 times a day for [REDACTED] NJ Exec Order 26.4b1, to be given at 9:00 a.m. and 5:00 p.m.</p> <p>On [REDACTED] NJ Exec Order 26.4b1, [REDACTED] NJ Exec Order 26.4b1, give 1 tablet by mouth one time a day for [REDACTED] NJ Exec Order 26.4b1, to be given at 8:00 a.m.</p> <p>On [REDACTED] NJ Exec Order 26.4b1, [REDACTED] NJ Exec Order 26.4b1, give 1 capsule by mouth 2 times a day for [REDACTED] NJ Exec Order 26.4b1, to be given at 8:00 a.m. and 2:00 p.m.</p>	F 755			

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F 755	<p>Continued From page 6</p> <p>On <sup>NJ Exec Order 26</sup> <b>NJ Exec Order 26.4b1</b>, give 1 tablet by mouth one time a day for <sup>NJ Exec Order 26.4b1</sup>, to be given at 9:00 a.m.</p> <p>On <sup>NJ Exec Order 26</sup> <b>NJ Exec Order 26.4b1</b>, give 1 tablet by mouth 2 times a day for <sup>NJ Exec Order 26.4b1</sup>, to be given at 8:00 a.m. and 5:00 p.m.</p> <p>On <sup>NJ Exec Order 26</sup> <b>NJ Exec Order 26.4b1</b> capsule by mouth one time a day for <sup>NJ Exec Order 26.4b1</sup> to be given at 9:00 a.m.</p> <p>On <sup>NJ Exec Order 26</sup> <b>NJ Exec Order 26.4b1</b> give 1 tablet by mouth one time a day for <sup>NJ Exec Order 26.4b1</sup>, to be given at 8:00 a.m.</p> <p>The "Electronic Medication Administration Record" (EMAR) for the month of <sup>NJ Exec Order 26</sup> confirmed the aforementioned physician orders. The EMAR further indicated that the aforementioned medications were signed by RN #2 who was on orientation and supervised by Licensed Practical Nursing (LPN), indicating that the medications were administered to Resident #2 on 12/6/23 according to the schedule.</p> <p>During an interview with the surveyors on 12/6/23 at 10:05 a.m. the RNUM stated that during the medication administration, the nurses are expected to make sure that the medication(s) are swallowed before leaving the room. The RNUM added that when a resident is refusing to take the medication, the nurses are not to leave the medication(s) in the resident's room, the nurse should take the medication with them and reapproach.</p> <p>During an interview with the surveyors on 12/6/23 at 10:46 a.m., the Director of Nursing (DON)</p>	F 755			

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F 755	<p>Continued From page 7</p> <p>stated that "the nurses are expected to ensure medications are taken by observing that the residents swallow the medications, that the medicine cup is empty before leaving the room and sign the EMAR to indicate that the medications were administered." DON further stated nurses should not be leaving medications in resident's room for safety.</p> <p>During an interview with the surveyors on 12/6/23 at 11:02 a.m., LPN #1 stated that when administering medication, the nurses are to check for the right patient, right medications, right dose, right route and the right time. She explained that the nurses are to make sure that the residents swallowed the medication by checking their mouth. According to LPN #1, when she gave the medications to Resident #2, she "did not witness" Resident #2 swallowed the medication. She explained that when the resident attempted to place the medicine cup to his/her mouth, she left and sign the EMAR. The LPN stated that she was not aware that the medication was not taken by the resident until the RNUM notified her.</p> <p>A review of the facility's Medication Pass Observation Competency for LPN #1 dated [REDACTED] indicated under " ...9. Medication Administration ...c. Resident observed to ensure swallowed meds ..."</p> <p>The facility's policy titled "Medication Administration Policy," reviewed on 9/20/22, stated "Policy: Medications shall be administered in a safe and timely manner, and as prescribed." Further review of the facility indicated under Procedure ..."3. Medications must be administered in accordance with the orders,</p>	F 755			



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F 755	Continued From page 8 including any required time frame." ... "12. The nurse administering the medication must electronically sign, date, and time the resident's eMAR by selecting "Y" (yes) after giving each medication. The nurse will then select "save" button to finalize the administration of given medications." ... "15. If a medication is withheld or refused, the individual administering the medications shall select "N" (no) on the eMAR followed by selecting the appropriate reasoning and documentation. The nurse will then select the "Save" button to finalize the documentation."  NJAC 8:39-29.2 (d)	F 755			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315366	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/2/2024
NAME OF FACILITY ALARIS HEALTH AT BELGROVE	STREET ADDRESS, CITY, STATE, ZIP CODE 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 F0609	Correction	ID Prefix F0755	Correction	ID Prefix	Correction
Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4)	Completed	Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. #	Completed
LSC	12/31/2023	LSC	12/31/2023	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 12/6/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			