

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

PRINTED: 10/05/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315366	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/22/2021
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT BELGROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BELGROVE DRIVE KEARNY, NJ 07032		
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F 000	INITIAL COMMENTS COMPLAINT # NJ : 146299, 146371, 146446 CENSUS: 68 SAMPLE SIZE: 4 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 658 SS=D	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: # NJ 146446, 146371, 146299 Based on interviews and record review, as well as review of pertinent facility documents on 7/15/21, 7/21/21, and 7/22/21, it was determined that the facility failed to follow the physician's order and according to facility policy titled, " Physician Orders" for 3 of 4 residents (Res #1, Res #2, and Res #4), reviewed for physician orders. This deficient practice is evidenced by the following: 1. According to the "ADMISSION RECORD (AR)" Res #1 was initially admitted on [REDACTED], with diagnoses that included but were not limited to: [REDACTED].	F 658	1. * No corrective action was accomplished for resident#1 as resident has since been expired. * No corrective action was accomplished for resident#2 as resident has since been discharged to group home. * Resident#4 [REDACTED] and [REDACTED] were reviewed and resident was monitored for symptoms which may had affected them for the deficient practice observed. * In-service on deficient practice for missing documentation was initiated for nurses.		8/20/21

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

TITLE

(X6) DATE

Electronically Signed

07/30/2021

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 658	<p>Continued From page 1</p> <p>The Minimum Data Set (MDS), an assessment tool, dated [REDACTED], showed that Res #1's cognition was intact and required extensive assistance with Activities of Daily Living (ADL).</p> <p>The Care Plan (CP) initiated on [REDACTED] showed that Res #1 had [REDACTED]. The CP further showed that Res #1 had [REDACTED] and [REDACTED]. Intervention included but was not limited to: administer treatment as ordered.</p> <p>The "Order Summary Report (OSR)" dated [REDACTED] to [REDACTED] showed that on [REDACTED] an order to measure and record [REDACTED] every shift. The "Treatment Administration Record (TAR)" for the month of [REDACTED] showed the aforementioned order. However, there was no documentation to indicate that the [REDACTED] was being recorded by staff on 6/12/21 and 6/17/21 at 3:00 pm to 11:00 pm and on 6/20/21 at 11:00 pm to 7:00 am.</p> <p>The OSR dated [REDACTED] showed that on 6/11/21 an order for [REDACTED] every shift. The TAR for the month of [REDACTED] showed the aforementioned order. However, there was no documentation to indicate that the aforementioned order was provided to the Resident on 6/12/21 at 3:00 pm to 11:00 pm.</p> <p>The OSR dated [REDACTED] showed an order for the following: on 6/9/21, [REDACTED] Ointment apply to [REDACTED] every shift for wound care, on 6/10/21 and 6/16/21, [REDACTED] apply to [REDACTED] topically every day and evening shift for [REDACTED] care. The TAR for the month of 6/2021 showed the aforementioned orders. However, there was no documentation to indicate</p>	F 658	<p>2.</p> <p>* All residents with physician orders are potentially affected.</p> <p>3.</p> <p>* Assistant Director of Nursing (ADON) or designee to re-in-service nurses to sign medical record after completing physician orders on MAR and TAR.</p> <p>* ADON or designee to re-in-service unit managers and supervisors to review dashboard for med pass alerts prior to end of shift and to remind nurses to document.</p> <p>* ADON or designee to re-in-service nurses on documentation in progress notes on physician orders were provided.</p> <p>4.</p> <p>* ADON or designee will review 5 resident medical record for missing documentation weekly for 3 months then monthly.</p> <p>* ADON or designee will review missing documentation in the electronic record weekly for 3 months then monthly.</p> <p>* All Findings will be reported and reviewed monthly and reported quarterly during the QAPI meeting for the next 3 quarters by ADON or designee to the QAPI committee. Evaluation by the committee to determine continuing frequency of audits.</p>		

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F 658	<p>Continued From page 2</p> <p>that the aforementioned orders were provided to the Resident on 6/12/21 and 6/16/21 at 3:00 pm to 11:00 pm.</p> <p>The Progress Notes (PN) did not provide documented evidence that the aforementioned orders were provided to Res #1.</p> <p>2. According to the AR Res #2 was initially admitted on [REDACTED], with diagnoses that included but were not limited to: [REDACTED]</p> <p>The MDS dated [REDACTED], showed that Res #2's cognition was intact and required extensive assistance with ADL.</p> <p>The CP initiated on [REDACTED] and revised on [REDACTED] showed that Res #2 had [REDACTED] to [REDACTED]. Intervention included but was not limited to: administer treatment as ordered.</p> <p>The OSR dated [REDACTED] showed that on 4/13/21 an order for [REDACTED] Ointment apply to [REDACTED] topically every shift for skin care. The TAR for the month of [REDACTED] showed the aforementioned order. However, there was no documentation to indicate that the aforementioned order was provided to the Resident on 5/27/21 at 3:00 pm to 11:00 pm and on 5/28/21 at 11:00 pm to 7:00 am.</p> <p>The OSR dated [REDACTED] showed an order for [REDACTED] apply to [REDACTED] topically every day and evening shift for [REDACTED] care, and on 5/15/21 an order for [REDACTED] Powder apply to [REDACTED] topically every day and evening shift for [REDACTED] care. The TAR for the month of [REDACTED] showed the aforementioned</p>	F 658			

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F 658	<p>Continued From page 3</p> <p>orders. However, there was no documentation to indicate that the aforementioned orders were provided to the Resident on 5/27/21 at 3:00 pm to 11:00 pm.</p> <p>The Progress Notes (PN) did not provide documented evidence that the aforementioned orders were provided to Res #2.</p> <p>3. According to the AR, Res #4 was admitted to the facility on [REDACTED] and readmitted on [REDACTED] with diagnoses that included but were not limited to: [REDACTED]</p> <p>The MDS dated [REDACTED], showed that Res #4's [REDACTED] and required extensive assistance with ADL.</p> <p>The CP initiated on [REDACTED] and revised on [REDACTED], showed that Res #4 had a break in skin integrity due to [REDACTED] and at risk for [REDACTED]. The CP further showed that Res #4 had [REDACTED] due to [REDACTED], initiated and revised on [REDACTED].</p> <p>The OSR dated [REDACTED] showed an order to apply [REDACTED] into the [REDACTED] and [REDACTED] every [REDACTED], and [REDACTED] at 7:00 am to 3:00 pm. The TAR for the month of 6/2021 showed the aforementioned order. However, there was no documentation to indicate that the aforementioned order was provided to the Resident on 6/23/21 at 7:00 am to 3:00 pm.</p> <p>The OSR dated [REDACTED] showed an order for [REDACTED] every shift for [REDACTED]. The TAR form for the month of [REDACTED] showed the</p>	F 658			

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F 658	<p>Continued From page 4</p> <p>aforementioned order. However, there was no documentation to indicate that the aforementioned order was provided to the Resident on 6/11/21 at 11:00 pm to 7:00 am and on 6/23/21, 7/13/21 at 7:00 to 3:00 pm and on 7/20/21 at 3:00 pm to 11:00 pm.</p> <p>The Progress Notes (PN) did not provide documented evidence that the aforementioned orders were provided to Res #4.</p> <p>The surveyor conducted an interview with the Registered Nurse (RN #1) on 7/21/21 at 10:02 am. RN #1 stated that they have to document in the resident's medical record (MR) to reflect that the care rendered was provided.</p> <p>The surveyor conducted an interview with the Assistance Director of Nursing (ADON) on 7/23/21 at 1:25 pm. The ADON stated that [REDACTED] from the [REDACTED] must be monitored and recorded in the resident's MR to indicated that the [REDACTED] was not obstructed and to monitor the [REDACTED] functions.</p> <p>The facility policy titled, "Physician Orders" effective on 5/2/12 and revised on 3/3/21 showed "...Policy: It is the policy of this facility to follow all physician orders...3. Medications, treatments and medical interventions shall be administered according to established schedules. 4. The licensed nurse shall document all physician's orders were administered and followed to each resident on their medical record."</p> <p>The facility policy titled, [REDACTED] Care" effective on 2/12/01 and revised on 3/3/21 showed "...Purpose: 1. To maintain [REDACTED] [REDACTED]. 2. To prevent and/or reduce infection..."</p>	F 658			

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F 658	Continued From page 5 NJAC 8:39-27.1(a)	F 658			