

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315449</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>04/07/2026</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALARIS HEALTH AT WEST ORANGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>5 BROOK END DRIVE , WEST ORANGE, New Jersey, 07052</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	<p>INITIAL COMMENTS</p> <p>Complaints: 2786694, 2963479</p> <p>Census: 97</p> <p>Sample: 4</p> <p>THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>	F0000		04/22/2026

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.

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S0000	Initial Comments  Complaints: 2786694, 2963479  Census: 97  Sample: 4  The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long-Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S0000		04/22/2026
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:  Complaints: 2786694, 2963479  Based on review of facility documents on 04/16/2026, it was determined that the facility failed to ensure staffing ratios were met for 2 of 21 day shifts reviewed. This deficient practice had the potential to affect all residents.  Findings include:  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 as N.J.S.A.	S0560	1. Immediate Action  The facility respectfully submits that staff to resident ratios was reviewed to maintain the required minimum direct care staff – to- resident ratios as mandated by the state.  Staffing agency contracts were reviewed for supplemental coverage.  Staff were re-educated on response protocols for resident needs during low coverage periods. Staff were re-educated on the company's call-out policy.  2. Identification of Others:  The facility respectfully submits that all residents have the potential to be affected by this practice.  3. System Changes	04/30/2026

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and 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 CNA and perform CNA duties.</p> <p>For the 1 week of complaint staffing from 2/22/26-2/28/26, the facility was deficient in CNA staffing for residents on 2 of 7 day shifts as follows:</p> <p>-2/22/26 had 13 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>-2/28/26 had 13 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p>	S0560	<p>Continued from page 1</p> <p>Policy and Procedure for Minimal Staffing was reviewed by Administrator and DON with the staffing coordinator to reinforce the state required staffing ratios.</p> <p>Facility will initiate a biweekly review of open shifts and recruitment progress to ensure the effectiveness of the ongoing recruitment and retention efforts.</p> <p>4. Quality Assurance</p> <p>Audits will be conducted by Human resources or designee, weekly for 4 weeks and then monthly for 2 months, to ensure that all staffing complies with state required staffing ratios.</p> <p>All negative findings will be brought to the Director of nursing/Administrator's attention immediately.</p> <p>The results of all audits will be brought to the quarterly QAPI committee to determine the need for further intervention</p>	04/30/2026

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F0000	INITIAL COMMENTS  An offsite/desk review of the facility's Plan of Correction was conducted on 05/06/2026 in relation to the 04/01/2026 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		05/07/2026

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