

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

PRINTED: 03/14/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315449	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/19/2024
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT WEST ORANGE			STREET ADDRESS, CITY, STATE, ZIP CODE 5 BROOK END DRIVE WEST ORANGE, NJ 07052		
(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 #: NJ162930, NJ163815, NJ172753, NJ174893, NJ176992, NJ180948, A Recertification and Complaint Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH). Survey Dates: 12/16/24-12/19/24. Survey Census: 98 Sample Size: 26 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 RECERTIFICATION AND COMPLAINT VISIT.	F 000			
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident	F 584		1/21/25	

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

TITLE

(X6) DATE

Electronically Signed

01/10/2025

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 584	<p>Continued From page 1</p> <p>independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, interview, and facility policy review, the facility failed to ensure that bedroom flooring was fixed for one of 26 sample residents (Resident (R) 37) reviewed for environment. This failure had the potential to affect resident safety.</p> <p>Findings include:</p> <p>Review of R37's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date</p>	F 584	<p>The floor in Resident # 37's room was repaired immediately.</p> <p>All residents are potentially at risk.</p> <p>Maintenance Director made rounds in all other resident rooms in the building to assure no other resident room floor needed repair.</p> <p>The Director of Nursing or designee</p>		

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F 584	<p>Continued From page 2</p> <p>(ARD) of [redacted] revealed a "Brief Interview for Mental Status (BIMS)" score of [redacted] which indicated the resident was [redacted]</p> <p>During an interview after the group meeting on 12/19/24 at 11:10 AM, R37 revealed his bedroom sustained a leak on the floor from the faucet/sink within the bedroom causing the sink drain to be clogged. Water reportedly ran over the sink onto the floor below. The water remained on the floor too long causing the linoleum to buckle. R37 revealed he was concerned that [redacted] could [redacted] on the floor causing [redacted]</p> <p>Review of the logbook, provided by the facility, revealed a water overflow in R37's bedroom on [redacted] which was considered to have been repaired, however there were no records of a floor problem.</p> <p>Observation on 12/19/24 at 11:15 AM revealed a one foot wide by four-foot-long section including tile missing in one section exposing concrete flooring below for a six inch long by six inch wide area in R37's bedroom. The missing tile section had a large yellow sign noting danger in the middle of the bedroom.</p> <p>Interview with the [redacted] (RMD) on 12/19/24 at 11:15 AM verified the condition of the floor and requested that the maintenance department repair the problem immediately. The [redacted] verified the problem at this time.</p> <p>During an interview on 12/19/24 at 11:20 AM, the [redacted] stated he had a lot to</p>	F 584	<p>inserviced all nursing staff to report to the Maintenance Department and record on the Maintenance log book any maintenance issues found in the facility that affect resident's safety.</p> <p>The Administrator inserviced the Maintenance Department on prompt response to all maintenance issues in the facility.</p> <p>The Maintenance log book will be reviewed weekly by Administrator during morning meeting to make sure written issues are resolved.</p> <p>Environmental rounds will be completed by the Maintenance Director on a monthly basis assuring all resident room floors are in good repair.</p> <p>Maintenance Director will report results of monthly resident room rounds to the Administrator on a monthly basis.</p> <p>The Maintenance Director will review the findings of the monthly audits at the Quarterly QAPI Meeting for the next 2 quarters. Evaluation by the committee to determine continuing frequency of audits.</p>		

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F 584	Continued From page 3 do during the survey and was waiting for the survey to finish to begin work. Review of the facility's policy titled, "Maintenance Repairs," dated originally on 11/12 and updated for May 2024, revealed repair concerns shall be logged in the repair or maintenance logbook.	F 584			
F 604 SS=D	NJAC 8:39-4.1(a)(11) NJAC 8:39-31.4(a) Right to be Free from Physical Restraints CFR(s): 483.10(e)(1), 483.12(a)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that	F 604		1/21/25	

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F 604	<p>Continued From page 4</p> <p>are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to NJ ex order 26.4b1 for one of one resident (Resident (R) 64) reviewed for NJ ex order 26.4b1 out of 26 sample residents. This failure had the potential to affect all residents' rights at the facility.</p> <p>Findings include:</p> <p>Review of R64's "Face Sheet," located in resident's electronic medical record (EMR) under the "Profile" tab, revealed the resident was admitted to the facility or NJ ex order 26.4b1 with NJ ex order 26.4b1</p> <p>Review of R64's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ ex order 26.4b1 and NJ ex order 26.4b1 and located in the resident's EMR under the "MDS" tab, revealed the facility assessed the resident to have a "Brief Interview for Mental Status (BIMS)" score of NJ ex order 26.4b1, which indicated the resident was NJ ex order 26.4b1. Further review revealed R64 NJ ex order 26.4b1</p> <p>Review of R64's "Care Plan," dated NJ ex order 26.4b1 and</p>	F 604	<p>The Interdisciplinary Care Team reassessed Resident #64's NJ ex order 26.4b1</p> <p>All other residents with wanderguards are potentially at risk.</p> <p>The Director of Nursing evaluated all other current residents with a wanderguard alarm to assure they were appropriate for the resident.</p> <p>The Director of Nursing or designee inserviced nursing staff about the policy on Wanderguard use, Elopement Risk Assessment and BIMS score. Inservice also included resident's rights to be free from any form of physical or chemical restraint, right to participate in care planning and right to refuse treatment.</p> <p>For any future resident identified as needing a wanderguard, the Interdisciplinary team will discuss with the resident if alert, and resident's family for consent for use of wanderguard.</p> <p>The Interdisciplinary Team will re-evaluate resident's wanderguard use during IDCP</p>		

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F 604	<p>Continued From page 5</p> <p>located in the residents' EMR under the "Care Plan" tab, revealed "The resident ^{NJ ex order 26.4b1} [REDACTED]</p> <p>[REDACTED]</p> <p>Interventions in place included approach resident in a calm manner and attempt to ^{NJ Ex Order 26.4(b)} [REDACTED] ^{NJ Ex Order 26.4(b)} [REDACTED] applied to remind resident to tell staff when ^{NJ Ex Ord} [REDACTED] wanted to NJ Ex Order 26.4(b)(1) for ^{NJ Ex Order 26.4(b)} [REDACTED] ^{NJ Ex Order 26.4(b)(1)} [REDACTED] to visit 1:1 as needed, ^{NJ Ex Order 26.4(b)(1)} [REDACTED] consult as needed, offer activities, and monitor episodes of ^{NJ Ex Order 26.4(b)(1)} [REDACTED]</p> <p>Review of R64's ^{NJ Ex Order 26.4(b)(1)} [REDACTED] Risk Assessment," dated ^{NJ ex order 26.4b1} [REDACTED] and located in the resident's EMR under the "Assessments" tab, revealed a ^{NJ Ex Order 26.4(b)} [REDACTED] score of ^{NJ Ex Ord} [REDACTED]</p> <p>Review of R64's ^{NJ Ex Order 26.4(b)(1)} [REDACTED] Risk Assessment," dated ^{NJ ex order 26.4b1} [REDACTED] and located in the resident's EMR under the "Assessments" tab, revealed a NJ ex order 26.4b1. Further review revealed the resident was not at risk, but the rationale was a NJ ex order 26.4b1.</p> <p>Review of R64's "Nurse's Note," dated ^{NJ ex order 26.4b1} [REDACTED] at 2:21 PM, located in the EMR under the "Notes" tab and written by ^{NJ Ex Order 26.4(b)} [REDACTED] revealed " ... The resident was noted sitting in the patio having ^{NJ Ex Order 26.4(b)} [REDACTED] and NJ ex order 26.4b1. When asked, the resident stated NJ ex order 26.4b1. Resident was NJ ex order 26.4b1. The resident agreed that ^{NJ ex order 26.4b1} [REDACTED]. The physician was made aware and ^{NJ ex order 26.4b1} [REDACTED].</p>	F 604	<p>meetings quarterly.</p> <p>The Director of Nursing will audit 5 residents per month with wanderguard alarms on a monthly basis to assure they are appropriate for resident.</p> <p>Director of Nursing will report results of these audits to the Administrator on a monthly basis.</p> <p>The Director of Nursing will review the findings of the monthly audits at the Quarterly QAPI Meeting for the next 2 quarters. Evaluation by the committee to determine continuing frequency of audits.</p>	

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F 604	<p>Continued From page 6</p> <p>NJ ex order 26.4b1 Resident has a diagnosis of NJ ex order 26.4b1</p> <p>...</p> <p>Review of R64's "Nurse's Note," dated NJ ex order 26.4b1 at 8:52 AM, located in the EMR under the "Notes" tab and written by Registered Nurse (RN) 2, revealed " ...Around 15:30 PM [3:30 PM], the primary nurse called the U.S. FOIA (b) (6) about the resident noting that the resident was NJ ex order 26.4b1, reacting to the nurse as if they were NJ Ex Order 26.4(b)(1). The physician was made aware and ordered to NJ ex order 26.4b1</p> <p>...</p> <p>Review of R64's "Nurse's Note," dated NJ ex order 26.4b1 9:54 PM, located in the EMR under the "Notes" tab and written by RN2, revealed " ... NJ ex order 26.4b1</p> <p>...</p> <p>The physician gave an order for NJ Ex Order 26.4(b)(1). Order was carried out. Staff continue to monitor the resident throughout the shift. Left resident in bed resting comfortably with call bell within reach ..." Further review of progress notes between NJ ex order 26.4b1 present revealed no documentation of NJ Ex Order 26.4(b)(1) or NJ Ex O</p> <p>...</p> <p>During an interview on 12/17/24 at 4:28 PM, R64 stated staff never asked NJ Ex O if NJ Ex O was ok with NJ ex order 26.4b1 and that they NJ ex order 26.4b1 stated NJ ex order 26.4b1 stated NJ ex order 26.4b1, but Unit</p>	F 604			

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F 604	<p>Continued From page 7</p> <p>Manager (UM) 1 NJ ex order 26.4b1 NJ ex order 26.4b1 said NJ ex order 26.4b1, but that NJ ex order 26.4b1 was not allowed NJ ex order 26.4b1 unless staff were with NJ ex order 26.4b1 stated NJ ex order 26.4b1.</p> <p>NJ ex order 26.4b1 R64 stated NJ ex order 26.4b1 wanted to NJ Ex Order 26.4(b)(1) because it was NJ Ex Order 26.4(b)(1) but she was NJ Ex Order 26.4(b)(1) since there were NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1) stated NJ ex order 26.4b1.</p> <p>NJ Ex Order 26.4(b)(1) said NJ ex order 26.4b1 and just liked to NJ Ex Order 26.4(b)(1).</p> <p>During an interview on 12/18/24 at 11:26 AM, UM1 explained the facilities NJ Ex Order 26.4(b)(1) criteria and stated it was placed on residents who were NJ Ex Order 26.4(b)(1) did not NJ Ex Order 26.4(b)(1), and were NJ Ex Order 26.4(b)(1). She said NJ Ex Order 26.4(b)(1) was when they would try to go to the NJ Ex Order 26.4(b)(1) pushing the NJ Ex Order 26.4(b)(1) and follow people wherever they went. She said residents who were NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) were allowed to go between the floors. She said an NJ Ex Order 26.4(b)(1) assessment was completed prior to NJ Ex Order 26.4(b)(1) being placed on a resident and NJ Ex Order 26.4(b)(1) were documented in progress notes. She said the resident's responsible party would need to provide consent and that a NJ Ex Order 26.4(b)(1) resident would not need to have a NJ Ex Order 26.4(b)(1). UM1 stated NJ ex order 26.4b1 R64 in NJ ex order 26.4b1. She said R64 NJ ex order 26.4b1. She said R64 NJ ex order 26.4b1, bu NJ ex order 26.4b1.</p> <p>UM1 stated there was an incident that occurred once when R64 NJ ex order 26.4b1. She</p>	F 604		

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F 604	<p>Continued From page 8</p> <p>stated she never observed any staff asking R64 if ^{NJ Ex Or} was agreeable to wear the ^{NJ ex order 26.4b1} and the facility did not have a document to sign, and she was not aware of R64 ^{NJ ex order 26.4b1}.</p> <p>During an interview on 12/18/24 at 2:44 PM, RN2 said safety was important and if a resident was ^{NJ Ex Order 26.4(b)(1)} but did not have ^{NJ Ex Order 26.4(b)(1)} aviators, a ^{NJ Ex Order 26.4(b)(1)} was used as a prevention. She said residents were allowed to go between floors in the facility and the ^{NJ Ex Order 26.4(b)(1)} would alarm but it would prevent the front door from opening. She described ^{NJ Ex Order 26.4(b)(1)} when a resident said they wanted to ^{NJ Ex Order 26.4(b)(1)}, or that someone was going to ^{NJ Ex Order 26.4(b)(1)}. She stated she did not consider a resident going between floors as ^{NJ Ex Order 26.4(b)(1)}. She said she was unsure if there was a consent form that needed to be signed for the ^{NJ Ex Order 26.4(b)(1)}. RN2 stated if a responsible party or ^{NJ Ex Order 26.4(b)(1)} resident gave permission for the ^{NJ Ex Order 26.4(b)(1)} it would have been documented. She said she told R64 the ^{NJ ex order 26.4b1} and explained to ^{NJ Ex O} what it was for, but ^{NJ ex order 26.4b1} R64. She said there were some days ^{NJ Ex Or} R64 ^{NJ ex order 26.4b1} but that R64 ^{NJ ex order 26.4b1}. She said the ^{NJ ex order 26.4b1} was just a prevention for R64's safety. RN2 stated staff were just concerned for her safety, but that R64 ^{NJ ex order 26.4b1} and that R64 ^{NJ ex order 26.4b1}.</p> <p>During an interview on 12/19/24 at 12:01 PM the US FOIA (B) (6) ^{NJ Ex Order 26.4(b)(1)} said the #1 reason for ^{NJ Ex Order 26.4(b)(1)} use was ^{NJ Ex Order 26.4(b)(1)} when a</p>	F 604			

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F 604	<p>Continued From page 9</p> <p>resident verbalized their desire to [redacted] and [redacted]. She said the interdisciplinary team (IDT) met to see if a [redacted] would be necessary for a resident, they would call the physician and the family, but there was not a form for consent. She said they would weigh the risk versus benefits of it. She said an [redacted] resident with a [redacted] BIMS score would not need a [redacted] because they were [redacted] and [redacted] and had a [redacted] BIMS. She said R64 [redacted].</p> <p>She stated R64 [redacted]. She said the [redacted] was for R64's safety. She said the resident had the right to [redacted] and [redacted]. She said staff [redacted] and that R64 [redacted]. She said safety was their main concern and that was why they decided to continue with the [redacted].</p> <p>Review of the facility's policy titled, "Restraints," revised 01/24, revealed "Physical restraints are defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. All residents have the right to be free from any form of physical or chemical restraint. The resident has a right to participate in care planning and the right to refuse treatment, including the right to accept or refuse restraints. The facility must ensure the use of restraint is clinically justified and guided by criteria present in current evidence-based national practice</p>	F 604			

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F 604	Continued From page 10 guideline's, practice parameters, pathways care or other standardized care procedures developed by appropriate professional organizations."	F 604			
F 645 SS=D	NJAC 8:39-4.1(a)(6) PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires	F 645		1/21/25	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315449	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/19/2024
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT WEST ORANGE			STREET ADDRESS, CITY, STATE, ZIP CODE 5 BROOK END DRIVE WEST ORANGE, NJ 07052		
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F 645	<p>Continued From page 11 specialized services for intellectual disability.</p> <p>§483.20(k)(2) Exceptions. For purposes of this section-</p> <p>(i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.</p> <p>(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-</p> <p>(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,</p> <p>(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and</p> <p>(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.</p> <p>§483.20(k)(3) Definition. For purposes of this section-</p> <p>(i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1).</p> <p>(ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, interview, and facility</p>	F 645	The Social Worker completed a new		

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F 645	<p>Continued From page 12</p> <p>policy review, the facility failed to ensure that a Preadmission Screening and Resident Review (PASARR) level I assessment was completed accurately for one of three residents (Resident (R) 64) reviewed for level I PASARR screenings of 26 sample residents. This failure had the potential to prevent or delay additional services for a resident that may qualify for level II.</p> <p>Findings include:</p> <p>Review of R64's "Face Sheet" located in resident's electronic medical record (EMR) under the "Profile" tab revealed the resident was admitted to the facility on ^{NJ ex order 26.4b1} with NJ ex order 26.4b1</p> <p>Review of R64's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of ^{NJ ex order 26.4b1} and ^{NJ ex order 26.4b1} and located in the resident's EMR under the "MDS" tab, revealed the facility assessed the resident to have a "Brief Interview for Mental Status (BIMS)" score of ^{NJ ex or} out of 15, which indicated the resident was ^{NJ Ex Order 26.4(b)(1)} Further review NJ ex order 26.4b1</p> <p>Review of R64's "Care Plan," dated ^{NJ ex order 26.4b1} and located in the residents' EMR under the "Care Plan" tab, revealed "The resident ^{NJ ex order 26.4b1} were to document and report any ^{NJ Ex Order 26.4(b)(1)}</p> <p>Review of R64's "NJ [New Jersey] Department of Human Services Pre-Admission Screening and</p>	F 645	<p>PASARR for Resident #64.</p> <p>All residents are potentially at risk.</p> <p>The Social Worker audited the PASARR for all current residents to ensure accurate assessment. Any assessment found with inaccuracies was corrected.</p> <p>The Administrator inserviced the Admissions Department regarding policy on Pre-admission screening and resident review [PASARR] level 1 assessment.</p> <p>The Admissions Director or designee will review the PASARR for all new admissions to the facility to ensure it was completed accurately from the hospital.</p> <p>Social Worker will audit 5 new admissions PASARR per month to ensure accuracy.</p> <p>Social Woker will report results of these audits to the Administrator on a monthly basis.</p> <p>The Social Worker will review the findings of the monthly audits at the Quarterly QAPI Meeting for the next 2 quarters. Evaluation by the committee to determine continuing frequency of audits.</p>		

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F 645	<p>Continued From page 13</p> <p>Resident Review (PASRR) Level I screen," dated [redacted] and located in the resident's EMR under the "Miscellaneous" tab, revealed no indication of [redacted] identified or history of [redacted].</p> <p>Review of R64's [redacted] services [redacted] Evaluation," dated [redacted] and located in the residents EMR under the "Miscellaneous" tab, revealed a diagnosis [redacted]. Further review revealed a [redacted].</p> <p>During an interview on 12/19/24 at 10:03 AM, the [redacted] said the PASARR level [redacted] the resident being admitted to the facility. She stated she would review it to see if it was completed and if it indicated it was positive or negative. The [redacted] stated she did not review it for accuracy. She said she trusted that the hospital filled it out correctly. She said she was completely unaware that R64's [redacted]. She agreed it was done incorrectly and did not indicate the resident's [redacted] accurately and, but it should have been.</p> <p>During an interview on 12/19/24 at 12:01 PM, the [redacted] said staff reviewed the PASARR to see if it indicated if it was positive for level II. But she said it was already completed by the hospital, and she was not sure if staff reviewed it for accuracy. She stated she expected staff to ensure it was completed accurately. She stated she was unaware R64's was not completed accurately.</p>	F 645			

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F 645	Continued From page 14 Review of the facility's policy titled, "Pre-admission Screening and Resident Review (PASRR)," revised 01/24, revealed "It is the policy of this facility that all residents admitted to the facility will be screened for PASRR in accordance with Federal PASRR Regulations (42 CFR 483.106.). All resident and patients shall be screened for possible serious mental disorders or intellectual disabilities and related conditions. This initial pre-screening is referred to as PASRR Level I and is completed prior to admission to the facility."	F 645			
F 689 SS=G	NJAC 8:39-5.1(a) Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to keep Resident #103 safe from accidents/injury. Resident #103 [redacted] Resident #103's [redacted] while staff were providing care for the resident. This deficient practice was identified for one (1) of three (3) residents (Resident (R) #103) reviewed for [redacted]. This failure caused serious	F 689	Resident # 103 [redacted] at the time of survey. At the time of the incident, resident #103 [redacted]. All residents with siderails are potentially at risk.	1/21/25	

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F 689	<p>Continued From page 17</p> <p>some point the resident NJ ex order 26.4b1 and as noted above the NJ ex order 26.4b1. When that happened, NJ ex order 26.4b1 [Resident #103] NJ ex order 26.4b1. The CNA NJ Ex Order 26.4(b)(1) around NJ Ex Order 26.4(b)(1) and called for the nurse. The nurse immediately responded to the resident's room after hearing the CNA NJ ex order 26.4b1. Upon assessing the NJ ex order 26.4b1 kept the hand immobile and called NJ ex order 26.4b1. While at the NJ ex order 26.4b1 they NJ ex order 26.4b1. The resident returned to the facility on the morning of NJ ex order 26.4b1. Upon NJ ex order 26.4b1, the residents care plan was revised to include monitoring and treatment of the NJ Ex Order 26.4(b) with physician follow-up in a week, a change of NJ Ex Or with a different type of NJ Ex Order 26.4 and NJ Ex Order 26.4(b)(1) ..."</p> <p>During an interview on 12/18/24 at 11:55 AM, LPN #1 stated an aide was with R #103 providing PM [evening] care (unsure of who) to R #103 when R #103 NJ ex order 26.4b1 according to the NJ Ex Order 26.4(b)(1) on the resident's NJ Ex Order. She stated she NJ ex order 26.4b1 LPN #1 stated another nurse NJ ex order 26.4b1 and the resident NJ ex order 26.4b1. She said she was unsure of the extent of the NJ ex order 26.4b1. LPN #1 stated she did provide care to [Resident # 103] after that, but did not remember NJ ex order 26.4b1 to [Resident #103] NJ ex order 26.4b1.</p> <p>During an interview on 12/18/24 at 3:45 PM, CNA</p>	F 689			

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F 689	<p>Continued From page 18</p> <p>#5 stated she was familiar with R #103. She stated on [REDACTED], [R #103] was in the day room and she took the resident back to their room to get the resident ready for bed. She said normally the [REDACTED] on the right side should be up, but on that day it [REDACTED]. She stated she was [REDACTED] and the resident [REDACTED]. She stated she had [REDACTED] NJ ex order 26.4b1 [REDACTED], but stated it [REDACTED] NJ ex order 26.4b1 [REDACTED]. She said on that day, she did not check to see if the [REDACTED] NJ ex order 26.4b1 [REDACTED] was locked since it was already up, but that normally she would check if it was tight since she would put the [REDACTED] NJ ex order 26.4b1 [REDACTED] up herself. She said the [REDACTED] NJ ex order 26.4b1 [REDACTED], it [REDACTED] NJ ex order 26.4b1 [REDACTED]. She also stated [REDACTED] NJ ex order 26.4b1 [REDACTED] to check why the [REDACTED] NJ ex order 26.4b1 [REDACTED], but she [REDACTED] NJ ex order 26.4b1 [REDACTED]. She said she heard a noise, saw the resident [REDACTED] NJ ex order 26.4b1 [REDACTED]. She stated [REDACTED] NJ ex order 26.4b1 [REDACTED] and [REDACTED] NJ ex order 26.4b1 [REDACTED], a [REDACTED] NJ ex order 26.4b1 [REDACTED] nurse came, never looked to see if the [REDACTED] NJ ex order 26.4b1 [REDACTED]. She said the nurse assessed the resident and she noticed the resident's [REDACTED] NJ ex order 26.4b1 [REDACTED] but she was unsure [REDACTED] NJ ex order 26.4b1 [REDACTED]. She said the resident [REDACTED] NJ ex order 26.4b1 [REDACTED] and that there [REDACTED] NJ ex order 26.4b1 [REDACTED] but she was not sure if they assessed other [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] in the building after that happened. CNA #5 stated it was the only incident she was aware that involved [REDACTED] NJ ex order 26.4b1 [REDACTED].</p> <p>During an interview on 12/19/24 at 12:38 PM, the</p>	F 689			

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

PRINTED: 03/14/2025
FORM APPROVED
OMB NO. 0938-0391

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F 689	Continued From page 19 US FOIA (B) (6) said she was not the US FOIA (B) (6) at the time the incident occurred, but she said staff should be checking NJ ex order 26.4b1 and ensuring they are tightened properly and safe. She said when a staff member was providing care to a resident NJ ex order 26.4b1 , the staff should stop whatever they were doing, intervene and notify maintenance. Review of the facility's undated policy titled, "Side Rail Policy," revealed "the purpose of these guidelines is to ensure the safe use of side rails. Side rails may be appropriate when used to assist with mobility and transfer and to maintain safety related to the resident's medical condition. When side rail usage is appropriate, the facility maintenance department will ensure that side rails are secure and in proper working order."	F 689			
F 806 SS=D	NJAC 8:39-33.1(d) Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences; §483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced by:	F 806		1/21/25	

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F 806	<p>Continued From page 20</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to accommodate one of one resident's (Resident (R) 98) dietary preferences reviewed for food choices of 26 sample residents. This failure had the potential to cause emotional distress and NJ Ex Order 26.4(b)(1).</p> <p>Findings include:</p> <p>Review of R98's "Admission Record" from the electronic medical record (EMR) "Profile" tab showed a facility admission date of NJ ex order 26.4b1. A review of R98's admission "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ ex order 26.4b1 showed medical diagnoses of NJ ex order 26.4b1.</p> <p>R98's "Brief Interview for Minimum Status (BIMS)" score was NJ ex b out of 15 which indicated R98 NJ ex order 26.4b1.</p> <p>Review of R98's EMR "Nutrition-Initial" note, located under the "Assessment" tab, dated NJ ex order 26.4b1 revealed: "...4. Dietary Information A. Food Preferences: No NJ Ex Order 26.4 no NJ Ex Order no NJ Ex Order Honor food preferences as able, update [prn] as needed ..."</p> <p>Review of the facility's weekly menu, dated NJ ex order 26.4b1, revealed that R98 was served the alternate meal during dinner, which was NJ Ex Order sausage, peppers, and noodles.</p> <p>Review of R98's undated meal tickets, provided by the facility, revealed, "No NJ Ex Order 26</p> <p>During an interview on 12/17/24 at 10:32 AM, R98 revealed that she NJ ex order 26.4b1 and had</p>	F 806	<p>The Food Service Director met with Resident #98 and updated food preferences.</p> <p>All residents are potentially at risk.</p> <p>The Dietary Manager and Registered Dietitian will identify food preferences for new admissions and readmitted residents and enter these preferences in the meal ticket system.</p> <p>The Food Service Director inserviced the dietary staff on trayline tickets and trayline accuracy.</p> <p>The Director of Nursing and/or designee inserviced nursing staff on prompt delivery of resident meal trays.</p> <p>The Food Service Director and/or designee will audit 5 trays for each meal on a monthly basis to assure tray is accurate and delivered to the resident promptly.</p> <p>Food Service Director will report results of these audits to the Administrator on a monthly basis.</p> <p>Food Service Director will review the findings of the weekly audits at the Quarterly QAPI Meeting for the next 2 quarters. Evaluation by the committee to determine continuing frequency of audits.</p>		

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F 806	<p>Continued From page 21</p> <p>been served ^{NJ Ex Ord} and not provided with an alternate ^{NJ Ex Order 26.4} option.</p> <p>During an interview on 12/17/24 at 3:45 PM, R98 revealed that she received eggs and biscuits for breakfast this morning, and chicken and rice for lunch, yesterday. R98 was asked when she last received ^{NJ Ex Ord} during a meal. R98, stated, "Last night the kitchen sent ^{NJ Ex Ord} sausage and noodles." The resident further shared that she called the kitchen to request a replacement tray which never arrived.</p> <p>During an interview on 12/17/24 at 4:03 PM, Certified Nurse's Aide (CNA) 1 confirmed that R98 received ^{NJ Ex Ord} and noodles on her dinner tray last evening. CNA1 continued to share that R98 asked her to remove the tray and was informed by the resident that she had contacted the kitchen for an alternative meal.</p> <p>During an interview on 12/17/24 at 4:07 PM, the US FOIA (B) (6) ^{NJ Ex Ord} and US FOIA (B) (6) ^{NJ Ex Ord} revealed that ^{NJ Ex Ord} and noodles were served on the alternate menu. The ^{US FOIA} further shared that he recalled receiving a call around during the dinner hour from R98 and a meal that consisted of baked chicken was sent to the resident's room. Both the ^{US FOIA} and ^{US FOIA} confirmed that they expected residents to be served what they preferred.</p> <p>During an interview on 12/19/24 at 12:40 PM, the US FOIA (B) (6) ^{NJ Ex Ord} revealed that residents' preferences should always be respected, and preferences honored.</p> <p>Review of the facility's policy titled, "Resident</p>	F 806			

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F 806	Continued From page 22 Food Preferences," revised 02/24, revealed "Policy Statement Individual food preferences will be assessed upon admission and communicated to the interdisciplinary team ...Policy Interpretation and Implementation 1. Upon admission, the dietitian or nursing staff will identify a resident's food preferences ...10. The food services department will offer a variety of foods at each scheduled meal, as well as access to nourishing snacks throughout the day and night ..."	F 806			
F 842 SS=D	NJAC 8:39-17.4(c)(e) Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's	F 842		1/21/25	

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F 842	<p>Continued From page 23</p> <p>records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(h)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(h)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and</p>	F 842			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315449	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/19/2024
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT WEST ORANGE			STREET ADDRESS, CITY, STATE, ZIP CODE 5 BROOK END DRIVE WEST ORANGE, NJ 07052		
(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 842	<p>Continued From page 24</p> <p>determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews, record review, and facility policy review, the facility failed to ensure for one of one resident (Resident (R) 22) reviewed for NJ Ex Order 26.4(b)(1) care had complete and accurate medical records of 26 sample residents. This continued practice did not ensure the medical record accurately reflected the care of the residents.</p> <p>Findings include:</p> <p>Review of R22's "Documentation Survey Report" located in the electronic medical record (EMR) under the "Tasks" tab, dated NJ ex order 26.4b1 through NJ ex order 26.4b1; and NJ ex order 26.4b1, revealed no documentation for NJ Ex Order 26.4(b)(1), NJ ex order 26.4b1</p> <p>for the following shifts and dates:</p> <p>-From 7:00 AM-3:00 PM on NJ ex order 26.4b1, NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1</p> <p>-From 3:00 PM-11:00 PM on NJ ex order 26.4b1</p>	F 842	<p>The CNA's assigned to resident #22 was inserviced by Director of Nursing on completing ADL documentation.</p> <p>All residents are potentially at risk.</p> <p>The Director of Nursing and/or designee inserviced all nursing staff on the facility policy on Medical Records on each resident, that the facility shall maintain medical records that are complete and accurately documented as to nursing services provided.</p> <p>The Director of Nursing and/or designee inserviced all Certified Nurse Aide's on how to complete the documentation for ADL's in the Point of Care system.</p> <p>The Unit Managers, Quality Assurance CNA's and Nursing Supervisors will check each shift that the Certified Nurse Aides completed the documentation for tasks for their assigned residents.</p> <p>The Unit Managers on each unit will audit ADL documentation on 5 residents 4 times per week to assure compliance with ADL documentation.</p> <p>The Unit Managers will report results of</p>		

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F 842	<p>Continued From page 25 and NJ ex order 26.4b1.</p> <p>-From 11:00 PM-7:00 AM on NJ ex order 26.4b1 [REDACTED] NJ ex order 26.4b1, and NJ ex order 26.4b1</p> <p>During an interview on 12/19/24 at 10:16 AM, Certified Nurse Aide (CNA) 4, was asked to demonstrate how the staff were to document the residents' NJ Ex Order 26. CNA4 stated the staff documented the NJ Ex Order 26 on a kiosk located in the halls of the nursing units. CNA4 was questioned on what would cause the NJ Ex Order 26 to not be documented. CNA4 stated once they selected the task, they had to save it, or they would lose the documentation.</p> <p>During an interview on 12/19/24 at 10:51 AM, the Medical Records (MR) staff were questioned about who conducted the EMR audits, and how often they were completed. MR staff responded that the audits were conducted monthly by an interdisciplinary team. MR staff confirmed that R22's documentation was incomplete.</p> <p>During an interview on 12/19/24 at 11:05 AM, the Unit Manager (UM) 1 confirmed R22's NJ Ex Order 26 were not documented. UM1 stated it was probably due to the CNAs who did not know how to use the kiosk to document them.</p> <p>During an interview on 12/19/24 at 12:24 PM, the US FOIA (B) (6) confirmed the lack of documentation of the ADLs in R22's EMR.</p> <p>Review of the facility's policy titled, "Medical</p>	F 842	<p>these audits to the Director of Nursing on a monthly basis.</p> <p>The Director of Nursing will review the findings of the weekly audits at the Quarterly QAPI Meeting for the next 2 quarters. Evaluation by the committee to determine continuing frequency of audits.</p>		

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

PRINTED: 03/14/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315449	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/19/2024
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT WEST ORANGE			STREET ADDRESS, CITY, STATE, ZIP CODE 5 BROOK END DRIVE WEST ORANGE, NJ 07052		
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F 842	Continued From page 26 Records," dated 01/24, revealed "This facility shall maintain medical records on each resident that are: a. Complete; b. Accurately documented ...3. The medical record shall reflect a resident's progress toward achieving their person-centered plan of care objectives and goals and the improvement and maintenance of their clinical, functional, mental, and psychosocial status. 4. It must also reflect the resident's condition, and the care and services provided across all disciplines to ensure information is available to facilitate communication among the interdisciplinary team." NJAC 8:39-35.2	F 842			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 306001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/19/2024
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NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT WEST ORANGE	STREET ADDRESS, CITY, STATE, ZIP CODE 5 BROOK END DRIVE WEST ORANGE, NJ 07052
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S 000	Initial Comments The facility is 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.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. 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 at N.J.S.A. 30:13-18 (the Act), which	S 560	The Director of Nursing and/or designee will review staffing daily for the following day with the Staffing Coordinator to ensure compliance with regulated staffing ratios are met. All residents have the potential to be affected by this deficient practice. The Director of Nursing inserviced the Staffing Coordinator on the minimum staffing requirements. The Director of Nursing or designee will review staffing daily for following day to	1/21/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 01/10/25
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 306001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/19/2024
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NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT WEST ORANGE	STREET ADDRESS, CITY, STATE, ZIP CODE 5 BROOK END DRIVE WEST ORANGE, NJ 07052
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S 560	<p>Continued From page 1</p> <p>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.</p> <p>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 CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>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>1. For the week of Complaint staffing from 04/23/2023 to 04/29/2023, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows:</p> <p>-04/23/23 had 11 CNAs for 94 residents on the day shift, required at least 12 CNAs.</p> <p>2. For the 2 weeks of staffing prior to survey from 12/01/2024 to 12/14/2024, the facility was deficient in CNA staffing for residents on 1 of 14 day shifts as follows:</p> <p>-12/01/24 had 10 CNAs for 96 residents on the day shift, required at least 12 CNAs.</p>	S 560	<p>ensure staffing ratios are met every shift.</p> <p>The Business Officer Manager placed additional employment ads in order to recruit additional CNA's.</p> <p>The Director of Nursing or designee will audit staffing schedule ratios daily and if there will be call outs, the Staffing coordinator or Supervisor will obtain replacement to maintain staffing ratios.</p> <p>The Director of Nursing will report results of these audits to the Administrator on a monthly basis.</p> <p>The Director of Nursing will review the findings of the weekly audits at the Quarterly QAPI Meeting for the next 2 quarters. Evaluation by the committee to determine continuing frequency of audits.</p>	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315449	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 2/5/2025	Y3
NAME OF FACILITY ALARIS HEALTH AT WEST ORANGE			STREET ADDRESS, CITY, STATE, ZIP CODE 5 BROOK END DRIVE WEST ORANGE, NJ 07052		

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 F0584	Correction	ID Prefix F0604	Correction	ID Prefix F0645	Correction
Reg. # 483.10(i)(1)-(7)	Completed	Reg. # 483.10(e)(1), 483.12(a)(2)	Completed	Reg. # 483.20(k)(1)-(3)	Completed
LSC	01/21/2025	LSC	01/21/2025	LSC	01/21/2025
ID Prefix F0689	Correction	ID Prefix F0806	Correction	ID Prefix F0842	Correction
Reg. # 483.25(d)(1)(2)	Completed	Reg. # 483.60(d)(4)(5)	Completed	Reg. # 483.20(f)(5), 483.70(h)(1)-(5)	Completed
LSC	01/21/2025	LSC	01/21/2025	LSC	01/21/2025
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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/19/2024		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 306001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/5/2025
NAME OF FACILITY ALARIS HEALTH AT WEST ORANGE	STREET ADDRESS, CITY, STATE, ZIP CODE 5 BROOK END DRIVE WEST ORANGE, NJ 07052	

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 S0560	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	01/21/2025	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 _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/19/2024		<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		

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

PRINTED: 03/14/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/19/2024
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E 000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 12/16/24. The facility was found to be in compliance with 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 12/16/24 and the facility 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 of West Orange is a three-story building built in 1997. It is composed of Type II protected construction. The facility is divided into nine - smoke zones. The generator powers approximately 35 % of the building per Maintenance Director. The current occupied beds are 98 of 120.	K 000		
K 161 SS=F	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5	K 161		1/21/25

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

TITLE

(X6) DATE

Electronically Signed

01/10/2025

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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K 161	Continued From page 1 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain the fireproofing on the steel I-beams in accordance with NFPA 101, Life Safety Code (2012 Edition) Section 19.1.6.1. This deficient practice had the potential to affect all 98	K 161	The fireproofing material was added to the areas missing on the two steel I-Beams in the Mechanical Room. All residents have the potential to be	

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K 161	Continued From page 2 residents who resided at the facility. Findings include: Observations on 12/16/24 at 12:15 PM revealed an area of approximately 1-foot by 8-inch of fireproofing was missing off a steel I-Beam and an area of approximately 10-inches by 8-inches of fireproofing was missing off another steel I-Beam in the mechanical room. During an interview at the time of the observations, the U.S. FOIA (b) (6) confirmed the fireproofing was missing off the I-Beams in the mechanical room. NJAC 8:39-31.1(c), 31.2(e)	K 161	affected by this deficient practice. The Regional Maintenance Director will inservice the U.S. FOIA (b) (6) on all areas in the facility that requires fire proofing. The Maintenance Director made rounds in facility to assure that there were no other areas missing fireproofing. Any identified issues were corrected immediately. The Maintenance Director will make monthly rounds to ensure that all fire proofing areas are completed. The Maintenance Director will report the results of these audits to the Administrator on a monthly basis. The Maintenance Director will review the findings of the monthly audits at the Quarterly QAPI Meeting for the next 2 quarters. Evaluation by the committee to determine continuing frequency of audits.		
K 311 SS=F	Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire	K 311		1/21/25	

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NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT WEST ORANGE			STREET ADDRESS, CITY, STATE, ZIP CODE 5 BROOK END DRIVE WEST ORANGE, NJ 07052		
(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	
K 311	<p>Continued From page 3</p> <p>resistance rating, also check this box.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interview, the facility failed to ensure stairway fire rated door assemblies were one-hour fire rated in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 7.1.3.2.1.(1). This deficient practice had the potential to affect all 98 residents who resided at the facility.</p> <p>Findings include:</p> <p>Observations on 12/16/24 between 2:00 PM and 5:00 PM revealed eight out of nine stairway exit access doors assemblies were only ¾ hour fire rated and not the required one-hour fire rated assemblies. When this facility was built in 1997, the stairways were required to be one-hour fire rated and the door assemblies were required to be one-hour fire rated.</p> <p>During an interview at the time of the observations, the US FOIA (B) (6) confirmed the stairway door assemblies were only ¾ hour-fire rated.</p> <p>NJAC 8:39-31.1(c), 31.2(e) NFPA 80</p>	K 311	<p>All 8 stairway fire rated doors were installed with the correct one hour fire-rated door.</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>The Regional Maintenance Director inserviced the US FOIA (B) (6) on the proper fire rated doors required in a LTC facility.</p> <p>The facility has a total of 9 stairway exit access doors, one door already had the correct one hour fire rated door. There are no additional stairway exit doors in need of replacement.</p> <p>The Maintenance Director will make monthly rounds to ensure all stairway fire doors are one hour rated doors.</p> <p>The Maintenance Director will report the results of these audits to the Administrator on a monthly basis.</p> <p>The Maintenance Director will review the findings of the monthly audits at the Quarterly QAPI Meeting for the next 2 quarters. Evaluation by the committee to determine continuing frequency of audits.</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315449	Y1	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	Y2	DATE OF REVISIT 2/5/2025	Y3
NAME OF FACILITY ALARIS HEALTH AT WEST ORANGE			STREET ADDRESS, CITY, STATE, ZIP CODE 5 BROOK END DRIVE WEST ORANGE, NJ 07052		

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 _____ Reg. # NFPA 101 LSC K0161	Correction Completed 01/21/2025	ID Prefix _____ Reg. # NFPA 101 LSC K0311	Correction Completed 01/21/2025	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____
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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/19/2024		<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		