

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

PRINTED: 03/25/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315449</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/21/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALARIS HEALTH AT WEST ORANGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5 BROOK END DRIVE</b> <b>WEST ORANGE, NJ 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
F 000	INITIAL COMMENTS  Complaint Intakes: NJ148464, NJ147280, and NJ147162  Census: 100  Sample Size 5  The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.  A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.  Survey date: 11/20/2021 - 11/21/2021.  Exit conference held by phone on 12/08/2021 after receiving pending hospital records.	F 000			
F 684 SS=D	Quality of Care CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.	F 684			11/29/21

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

TITLE

(X6) DATE

Electronically Signed

01/07/2022

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 684	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint Intake #NJ147280</p> <p>Based on record review and staff and physician interviews, it was determined that the facility failed to implement a physician's order to obtain lab work for one [REDACTED] of [REDACTED] residents reviewed for neglect.</p> <p>Findings included:</p> <p>1. The facility admitted Resident [REDACTED] with diagnoses that included [REDACTED]</p> <p>The admission Minimum Data Set (MDS) assessment, dated [REDACTED] revealed the resident's Brief Interview for Mental Status (BIMS) [REDACTED] which [REDACTED] Resident [REDACTED] required [REDACTED]</p> <p>A review of Resident [REDACTED] plan, revised on [REDACTED] revealed a focus on activities of daily living deficits related to [REDACTED]</p> <p>An admission nurse's note, dated [REDACTED] at [REDACTED] revealed that due to [REDACTED] the resident was unable to answer any questions.</p> <p>A nurse's note, dated [REDACTED]</p>	F 684	<p>Resident [REDACTED]</p> <p>All residents with lab orders could have potential to be affected by this deficient practice.</p> <p>Deficient practice occurred due to error with physician roles in the electronic medical record. To prevent this from occurring again, the following measure have been put in place.</p> <p>Audit was conducted by the Information Technology (IT) department to determine if there were any other labs ordered by the physiatrist that were not carried through due to her specific access to the medical record. IT also conducted an audit of all physicians' access to the medical record to ensure that none of the physicians have nurse access to input orders without nursing being aware to carry orders out. The DON or ADON will run a daily report on lab and diagnostic tests that have been ordered to assure the labs have been carried out.</p> <p>The 24hour summary report will be reviewed by the clinical team daily to see if any physician wrote in their notes about new orders and assure they were carried out.</p> <p>Unit Managers will monitor the lab book daily on the floors to ensure labs are carried out by the lab technicians. All nurses were in-serviced by the Director of Nursing to ensure they carry out physician orders as soon as they are</p>		

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F 684	<p>Continued From page 2 indicated Resident #3 was awake and alert.</p> <p>A physician's progress note, dated [REDACTED], revealed Resident [REDACTED] was [REDACTED]. The resident [REDACTED] but did not [REDACTED]. The resident was asleep but somewhat arousable. The note further indicated the resident was [REDACTED] as had been prior, and the physician would order [REDACTED] and a [REDACTED].</p> <p>A review of Resident [REDACTED] physician's order summary sheet revealed an order, dated [REDACTED] for a [REDACTED].</p> <p>A physician's progress note, dated [REDACTED] at 2:16 PM, revealed Resident [REDACTED] was awake and alert and answering more questions. The note revealed labs that were ordered the previous week did not appear to be done, and the physician would discuss with nursing to reorder.</p> <p>A nurse's note, dated [REDACTED], revealed Resident [REDACTED] family member approached the nurse's station at around [REDACTED] and requested the resident be sent to the [REDACTED] because the [REDACTED]. The nurse spoke to the family member and clarified Resident [REDACTED], and the nurse called the physician for an order to send the resident to the [REDACTED].</p> <p>A nurse's note, dated [REDACTED] revealed Resident [REDACTED].</p>	F 684	<p>given.</p> <p>DON or ADON will conduct daily audit of labs that were ordered to ensure they were carried out and will submit the results on a monthly basis to the Quality Assurance Committee for a period of 6 months, at which time the Quality Assurance Committee will review the necessity and frequency for further audits.</p>		

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F 684	<p>Continued From page 3</p> <p>A comprehensive medical record review revealed no lab results for the labs ordered on [REDACTED]</p> <p>On 11/21/2021 at 2:47 PM, a telephone interview was conducted with the physician, who stated she did not know why the labs did not get done that were ordered on [REDACTED]. She stated she may have done something wrong in the computer. The physician stated the nurses should review her notes after she visits to ensure orders were carried out. She added she did not think there was [REDACTED] with Resident [REDACTED] except the resident was [REDACTED].</p> <p>On 11/22/2021 at 1:45 PM, an interview was conducted with Nurse Aide (NA) #1, who recalled Resident [REDACTED]. NA #1 stated that as far as she could recall, Resident [REDACTED] was awake and alert every day and got out of bed. Resident [REDACTED] required a mechanical lift for transfers.</p> <p>On 11/22/2021 at 2:30 PM, an interview was conducted with the Administrator who stated that when the physician visits, the orders are usually entered by the nurses. She stated that the physician put the order in herself on [REDACTED] for the [REDACTED] to be done and it did not get to where the nurse could verify the order to be done and it got missed.</p> <p>New Jersey Administrative Code: § 8:39-27.1(a)</p>	F 684			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315449	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/20/2022	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 F0684	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.25	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/29/2021	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**  
11/21/2021

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

☐ YES ☐ NO