

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

PRINTED: 05/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315297	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/06/2023
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NAME OF PROVIDER OR SUPPLIER ALLEGRIA AT THE FOUNTAINS	STREET ADDRESS, CITY, STATE, ZIP CODE 114 HAYES MILL ROAD ATCO, NJ 08004
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F 000	<p>INITIAL COMMENTS</p> <p>Complaint #: NJ# NJ161922, NJ169428</p> <p>Survey Dates: 12/1/23, 12/5/23 7 12/6/23</p> <p>Census: 49</p> <p>Sample Size: 3</p> <p>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 VISIT.</p> <p>Based on interviews, medical record review, and review of other pertinent facility documentation on 12/5/2023 and 12/6/2023, it was determined that the facility failed to ensure that the process of receiving medications from an outside pharmacy vendor was followed by staff. It was determined on [redacted] that a Security Guard (SG) working at the main lobby of the facility received a mailed package addressed to Resident #2 with his/her name and room number on the unopened package. The SG delivered the unopened package to Resident #2 . Resident #2 is [redacted] and SG failed to give this package to nursing staff , so the package could be opened by resident with staff present . After SG left package with Resident #2, a Certified Nursing Assistant (CNA) observed the resident with an opened bottle of [redacted] [redacted] which contained 30 tables was empty. The Registered Nurse/Supervisor (RN/Supervisor) was made aware, the empty</p>	F 000	<p>Past noncompliance: no plan of correction required.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/21/2023
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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 000	<p>Continued From page 1</p> <p>bottle with the label [NJ Exec Order 26.4b1] was retrieved along with other unopened bottles of medications that were in the delivered package to Resident #2's room. The Physician was made aware and emergency response number 911 was called by facility staff. Resident #2 was sent to the Emergency Room (ER) for evaluation and treated for [NJ Exec Order 26.4b1]. This deficient practice of failure to follow facility policy and procedures for the delivery of packages of medications posed a safety hazard for residents with [NJ Exec Order 26.4b1] to be accessible to encounter hazardous items that could cause injury, harm or death.</p> <p>The Immediate Jeopardy Past Non -Compliance began on [NJ Exec Order 26.4b1] and ended on [NJ Exec Order 26.4b1] after the facility educated all staff, residents and family members on the new mail delivery process and revised the delivery policy. The facility- initiated monitoring of all incoming mail with the resident's knowledge to ensure that this does not reoccur.</p> <p>The facility submitted the following document at the time of the survey that indicated the following:</p> <ol style="list-style-type: none"> 1.Security will not be delivering packages to any residents. 2. Any items coming in from the outside that may cause any risk to the resident and the facility will be monitored, with the resident's knowledge, upon delivery to the resident. 3. On [NJ Exec Order 26.4b1] the facility in-serviced security, Nursing and all staff about the new mail delivery process. The Mail deliver policy was revised. 4. No other incident has occurred since the new system has been implemented. <p>There is sufficient evidence that the facility</p>	F 000			

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F 000	Continued From page 2 corrected the non-compliance and is in substantial compliance at the time of this Complaint Survey for the specific F689 regulatory requirements.	F 000			
F 689 SS=J	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: Complaint #: NJ161922, NJ169428 Based on interviews, medical record review, and review of other pertinent facility documentation on 12/5/2023 and 12/6/2023, it was determined that the facility failed to ensure that the process of receiving medications from an outside pharmacy vendor was followed by staff. It was determined on [redacted] that a Security Guard (SG) working at the main lobby of the facility received a mailed package addressed to Resident #2 with his/her name and room number on the unopened package. The SG delivered the unopened package to Resident #2. Resident #2 is [redacted] and SG failed to give this package to nursing staff, so the package could be opened by resident with staff present. After SG left package with Resident #2, a Certified Nursing Assistant (CNA) observed the resident with an opened bottle of [redacted]	F 689	Past noncompliance: no plan of correction required.		

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F 689	<p>Continued From page 3</p> <p>NJ Exec Order 26.4b1 which contained 30 tables was empty. The Registered Nurse/Supervisor (RN/Supervisor) was made aware, the empty bottle with the label NJ Exec Order 26.4b1 was retrieved along with other unopened bottles of medications that were in the delivered package to Resident #2's room. The Physician was made aware and emergency response number 911 was called by facility staff. Resident #2 was sent to the Emergency Room (ER) for evaluation and treated for NJ Exec Order 26.4b1. This deficient practice of failure to follow facility policy and procedures for the delivery of packages of medications posed a safety hazard for residents with NJ Exec Order 26.4b1 to be accessible to encounter hazardous items that could cause injury, harm or death.</p> <p>The Immediate Jeopardy Past Non -Compliance began on NJ Exec Order 26.4b1 and ended on NJ Exec Order 26.4b1 after the facility educated all staff, residents and family members on the new mail delivery process and revised the delivery policy. The facility- initiated monitoring of all incoming mail with the resident's knowledge to ensure that this does not reoccur.</p> <p>The facility submitted the following document at the time of the survey that indicated the following:</p> <ol style="list-style-type: none"> 1.Security will not be delivering packages to any residents. 2. Any items coming in from the outside that may cause any risk to the resident and the facility will be monitored, with the resident's knowledge, upon delivery to the resident. 3. On NJ Exec Order 26.4b1 the facility in-serviced security, Nursing and all staff about the new mail delivery process. The Mail deliver policy was revised. 4. No other incident has occurred since the new 	F 689			

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F 689	<p>Continued From page 4 system has been implemented.</p> <p>There is sufficient evidence that the facility corrected the non-compliance and is in substantial compliance at the time of this Complaint Survey for the specific F689 regulatory requirements.</p> <p>This deficient practice was identified for 1 of 3 residents (Resident #2) reviewed for incidents and accidents.</p> <p>During a tour of the unit on 12/5/2023 at 9:00 A.M., the Surveyor did not observe any unopened packages in resident's rooms that could be a risk to the resident or facility.</p> <p>On 12/5/2023, a review of Resident #2's Electronic Medical Record (EMR) was as follows:</p> <p>According to the Admission Face Sheet, Resident #2 was admitted to the facility on [redacted] with diagnoses which included but were not limited to NJ Exec Order 26.4b1.</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [redacted], Resident #2 had a Brief Interview of Mental Status (BIMS) score of [redacted]/15, which indicated the Resident was [redacted].</p> <p>Review of the facility's form titled "Incident/Accident report" dated [redacted] and timed "4:00 p.m.," under "possible cause of incident" "Resident was [redacted] and was given a [redacted] and NJ Exec Order 26.4b1</p>	F 689			

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F 689	<p>Continued From page 5</p> <p>Review of the facility's transfer form titled "New Jersey Universal Transfer Form" dated [NJ Exec Order 26.4b1] under reason for transfer reveal: NJ Exec Order 26.4b1</p> <p>Review of Resident #2's Progress Notes (PN) dated [NJ Exec Order 26.4b1] and timed 6:01p.m., by the Social Worker Director (SWD) revealed the following: "SWD working on nursing unit when CNA reported to LPN (Licensed Practical Nurse) that she had found the pt (Resident #2) with an NJ Exec Order 26.4b1 and the pt (Resident #2) NJ Exec Order 26.4b1 Nursing immediately came to the pt's (Resident #2) room and asked him/her if they NJ Exec Order 26.4b1. The pt (resident #2) allegedly stated to nursing, "I don't know." Nursing searched room for pills in sheets, pt (resident #2) clothing, on floor, in trash can, but no pills were found. Nursing alerted the doctor, the DON (Director of Nursing) and SWD alerted the LNHA and daughter of Resident #2. Vitals were taken and the pt (Resident #2) was given a [NJ Exec Order 26.4b1] CNA (Certified Nursing Assistant) observer to report any unusual signs and symptoms of [NJ Exec Order 26.4b1] which were researched from the NJ Exec Order 26.4b1 All other medications that had been delivered from the NJ Exec Order 26.4b1 the pt (Resident #2) were accounted for and the [NJ Exec Order 26.4b1] pharmacy was called, and verification given by [NJ Exec Order 26.4b1] pharmacist that signed dispense of the medication (quantity of 30) in the empty bottle was recorded. The doctor ordered the pt (Resident #2) sent to the ER (Emergency Room) via 911 and the nursing Supervisor called in Nurse-to-Nurse report later and was informed that pt (resident #2) was [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] and</p>	F 689			

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F 689	<p>Continued From page 6</p> <p>NJ Exec Order 26.4b1. The poison control center was contacted and recommended the pt (Resident #2) be sent 911 to the hospital ER. The pt (Resident #2) is presently at Virtua ER for continued evaluation. The administrator will complete the investigation."</p> <p>During an interview on 12/5/2023 at 11:32 a.m., the SG informed the Surveyor that he received packages from the mail on NJ Exec Order 26.4b1 that were addressed to residents on the units. "I took the packages that had the names and room numbers of residents on it and delivered to the residents." When asked by the Surveyor if he delivered a package to Resident #2's room, he stated "yes, I did." During the same interview, the SG acknowledged that he didn't ask Resident #2 to open his/her package in his presence to ensure the package was safe for Resident #2 and the facility. The SG further stated that he was aware of Resident's Right to received unopened mails/packages but was not aware he could ask the residents permission to open his/her package in his presence.</p> <p>During a telephone interview on 12/5/2023 at 1:20 p.m., the CNA stated she saw a guy on the unit with a package and he asked for Resident #2's room, and she pointed him in the direction and went to provide care to another resident. She further stated, "I didn't know who the guy was at the time." The CNA revealed that on her way back he observed Resident #2 sitting on his/her bed with an empty bottle pill bottle in his/her hand. I asked the resident (Resident #2) what he/she was doing, and they stated, NJ Exec Order 26.4b1. When asked by the Surveyor if there were any other opened bottles of pills or pills on the floor or bed, the CNA</p>	F 689			

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F 689	<p>Continued From page 7</p> <p>responded, "No." The CNA stated she immediately went out to the nurse's station and notified the nurse of what she has seen.</p> <p>During a telephone phone interview on 12/5/2023 at 12:06 p.m., the RN/Supervisor stated she was notified by staff that probably Resident #2 had taken [NJ Exec Order 26.4b1], but they were not a 100% sure. I immediately told one of the nurses to call 911 and get the crash cart. Resident #2 was observed sitting on his/her bed, [NJ Exec Order 26.4b1] [redacted] noted. Resident #2 was assessed, vitals were [NJ Exec Order 26.4b1] [redacted] and an order obtained to transfer Resident #2 to the ER for further evaluation. The [NJ Exec Order 26.4b1] [redacted] bottle was empty, "I don't remember a 100%", there was no pills on Resident #2's bed, room floor, pillow or anywhere. The RN/Supervisor acknowledged that the bottle of [NJ Exec Order 26.4b1] [redacted] was empty when she got it from Resident #2's room. I asked the staff how Resident #2 got a whole of the pills and was told, the SG delivered the package directly to Resident #2, instead of giving the package to the nursing. The RN/Supervisor revealed the rest of the unopened bottles of medications were retrieved from Resident #2's room and placed in the package and taken to the DON's office.</p> <p>During the same interview, when asked by the Surveyor what the process is for residents receiving mails/packages, she revealed normally all packages should be delivered to the nurse's station and we (Nurses) will take the package to the resident and ask their permission to open the package to ensure the resident is allowed to have what is in the package. When asked if the process was followed on [NJ Exec Order 26.4b1] [redacted], the</p>	F 689			

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F 689	<p>Continued From page 8 RN/Supervisor said, No.</p> <p>During an interview on 12/5/2023 at 10:07 a.m., the SWD stated the process for receiving medications from the [REDACTED] pharmacy included the following steps: the medical doctor came into the facility and wrote the scripts, give them to the DON who in turn will give them to her. She would than fax the scripts over to the [REDACTED] pharmacy and follow-up with a phone call for delivery time. She stated the medications were delivered in a white bag with the resident's name and room number on the bag. The bag also had the [REDACTED] pharmacy address on it, and you can fill the bottles in the bag. The SWD stated on [REDACTED], she was on the unit when the CNA notified nursing of what she observed with Resident #2. We all ran to the Resident's room. Once I got to the room, I saw the package opened with several other bottles of pills that were still intact and unopened. The Nurse had the opened bottle of [REDACTED] in her hand. Resident #2's daughter had ordered their medications through the [REDACTED] pharmacy prior to their admission to the facility. The [REDACTED] pharmacy was called to confirm all the numeric quantity of pills in each bottle that was dispensed. After the count, it was confirmed that all other medications were correct, and it was only the [REDACTED] bottle that was empty. When asked by the Surveyor if there was any [REDACTED] in the opened bottle, the SWD said, I don't remember if there was any [REDACTED] left in the bottle."</p> <p>During the same interview, the SDW said the expectation was if a package is delivered to the main lobby, the SG is expected to bring the package to the nurse's station and deliver to the nurse and advice he didn't know what was in the package. The receiving Nurse would then take</p>	F 689			

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F 689	<p>Continued From page 9</p> <p>the package to the resident and ask their permission to open the package in their presence to ensure it was safe for the resident to have the package. When asked if the process was followed on [REDACTED], the SWD said, "No."</p> <p>During an interview on 12/5/2023 at 2:06 p.m., with the DON in the presence of the Administrator, the Administrator informed the Surveyor that all packages go to the main lobby and is distributed to the various buildings. Packages of concerns go to Nursing who will then deliver to the residents, and with their permission open the package to ensure the resident's and facility's safety. He further stated, "any package of possible danger or risk to the residents has to be opened in the presence of the nurse with the resident's permission."</p> <p>When asked if the process was followed on [REDACTED], the Administrator said "No, the package should not have been delivered directly to Resident #2."</p> <p>During the same interview, the DON stated, "there was no policy in place on how resident's packages were delivered prior to the incident."</p> <p>After the incident on [REDACTED], the facility implemented the following for the SG on monitoring packages: All mail for skilled unit must go to management to ensure it goes to the right person. Please do not deliver anything directly to the patient's room until inspected.</p>	F 689			
F 842 SS=B	<p>N.J.A.C.: 8.39- 27.1 (a)</p> <p>Resident Records - Identifiable Information</p> <p>CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)</p>	F 842		1/20/24	

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F 842	Continued From page 10 §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(i) Medical records. §483.70(i)(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(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (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	F 842			

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F 842	<p>Continued From page 11 by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. <p>§483.70(i)(5) The medical record must contain-</p> <ul style="list-style-type: none"> (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and 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. <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ161922, NJ169428</p> <p>Based on interview and review of facility documentation, it was determined that the facility failed to provide complete and readily access to Electronic Medical Records (EMR) for all their residents. On 12/1/2023, the first day of the survey, the facility was unable to provide full access to EMR for Surveyors to access previous and current residents at the facility prior to April 2023. The facility failed to follow their policy titled</p>	F 842	<p>1) Facility provided PCC access to previous and current residents from April 2023 to current. Facility obtained access to previous Electronic Health Record (EHR) application from previous ownership. Access to previous and current residents prior to April 2023 was provided to the survey team immediately upon their return. Surveyors were able to access requested medical records for the remainder of the survey.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315297	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/06/2023
NAME OF PROVIDER OR SUPPLIER ALLEGRIA AT THE FOUNTAINS			STREET ADDRESS, CITY, STATE, ZIP CODE 114 HAYES MILL ROAD ATCO, NJ 08004		
(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 12</p> <p>"Storage and Security of Resident Records."</p> <p>This deficient practice affects all previous and current residents at the facility.</p> <p>During the survey at 10:00 a.m., the Surveyor attempted to access the EMR for current and previous residents prior to April 2023, but was unable to reeview medical records using the access that was provided by the facility at that time. The screen revealed "No Data."</p> <p>During an interview on 12/1/2023 at 12:20 p.m., the Administrator informed the Surveyor that there was a change of ownership which occurred in august 2023 and that Point Click Care (PCC) system was initiated in April 2023. He further stated that prior to PCC the previous ownership used Visual Records as their EMR. The Administrator continue to say access to EMR should have been available to the Surveyor upon arrival. He also stated, "I did not even know access was blocked, other staff limited access to the system which is not normal." When asked who is responsible to ensure that the Surveyors have full access to the EMR he stated, "the Administrator should ensure that the EMR is available and accessible to the Surveyors." During the same interview, the Administrator acknowledged that the Surveyors had no access to the EMR during this complaint Survey.</p> <p>Review of the facility undated policy titled "Storage and Security of Resident Records" under "Procedure" reveals: C. Medical records of discharged residents are to be stored within designated medical record filing area. H. In the event of change of ownership, the records remain the property of the new owner.</p>	F 842	<p>2) Random residents <input type="checkbox"/> profiles and EMRs were audited. The facility has access to records as per the regulations.</p> <p>3) Facility has assigned specific laptops linked to the server of the previous EHR to ensure successful logins and consistent access to data.</p> <p>4) The administrator and/or designee will check the designated laptops weekly times 4 for 3 months to verify the ongoing activation of the login and access to prior medical records. Findings will be reported to the QAPI committee, and reviewed to determine if further action is necessary.</p>		

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

PRINTED: 05/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315297	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/06/2023
NAME OF PROVIDER OR SUPPLIER ALLEGRIA AT THE FOUNTAINS			STREET ADDRESS, CITY, STATE, ZIP CODE 114 HAYES MILL ROAD ATCO, NJ 08004		
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F 842	Continued From page 13 NJAC 8:39-35.2(K)	F 842			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060419	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/06/2023
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NAME OF PROVIDER OR SUPPLIER ALLEGRIA AT THE FOUNTAINS	STREET ADDRESS, CITY, STATE, ZIP CODE 114 HAYES MILL ROAD ATCO, NJ 08004
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(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) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>Complaint #: NJ161922, NJ169428</p> <p>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.</p>	S 000		
S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ161922, NJ169428</p> <p>Based on interviews and review of facility documents on 12/5/2023 and 12/6/2023, it was determined that the facility failed to ensure staffing ratios were met for 6 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents.</p> <p>Findings include:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance</p>	S 560	<p>1) Staffing for 11.22, 11.23, 11.24, 11.25, 11.29, 11.30 were reviewed, there were no care issues reported on the shifts that were identified.</p> <p>2) All residents has the potential to be affected. Master schedule and assignment sheets of other days were audited. No care issues or/and no grievances were identified for those dates.</p> <p>3) Facility will continue to ensure residents receive mandatory access to care. Facility increased wages, improved referral bonuses, and implementing</p>	1/20/24

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

Electronically Signed

TITLE

(X6) DATE

12/21/23

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060419	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/06/2023
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NAME OF PROVIDER OR SUPPLIER ALLEGRIA AT THE FOUNTAINS	STREET ADDRESS, CITY, STATE, ZIP CODE 114 HAYES MILL ROAD ATCO, NJ 08004
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S 560	<p>Continued From page 1</p> <p>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. 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>The facility was deficient in CNA staffing for residents on 6 of 14 day shifts as follows:</p> <p>On 11/22/23 had 5 CNAs for 51 residents on the day shift, required at least 6 CNAs. On 11/23/23 had 6 CNAs for 54 residents on the day shift, required at least 7 CNAs. On 11/24/23 had 6 CNAs for 54 residents on the day shift, required at least 7 CNAs. On 11/25/23 had 6 CNAs for 54 residents on the day shift, required at least 7 CNAs. On 11/29/23 had 5 CNAs for 52 residents on the day shift, required at least 6 CNAs. On 11/30/23 had 5 CNAs for 52 residents on the day shift, required at least 6 CNAs.</p>	S 560	<p>creative, recruitment and retention strategies. Facility also signed on staffing through agency to ensure we have solutions for our staffing challenges. Facility has hired and will continues to hire as needed.</p> <p>4) The administrator and/or designee will conduct random audits of schedules weekly times 4 for 3 months to validate compliance, analyze trends, adjust staffing needs accordingly. Findings will be reported to the QAPI committee, and reviewed to determine if further action is necessary.</p>	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315297	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/23/2024	Y3
NAME OF FACILITY ALLEGRIA AT THE FOUNTAINS			STREET ADDRESS, CITY, STATE, ZIP CODE 114 HAYES MILL ROAD ATCO, NJ 08004		

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 F0842	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	01/23/2024	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 12/6/2023

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060419	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/23/2024
Y1	Y2	Y3
NAME OF FACILITY ALLEGRIA AT THE FOUNTAINS		STREET ADDRESS, CITY, STATE, ZIP CODE 114 HAYES MILL ROAD ATCO, NJ 08004

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 _____	01/23/2024	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 12/6/2023
 CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
 YES NO