STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315357	A. BUILDING _____ B. WING _____	C 11/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT CEDAR GROVE	110 GROVE AVE CEDAR GROVE, NJ 07009

(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 #: NJ148517, NJ148459, NJ149564 Census: 138 Sample Size: 7 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on the complaint survey.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the	F 609		11/24/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/24/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 609	Continued From page 1 incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, and facility policy review, it was determined that the facility failed to ensure an activities aide reported an allegation of swollen eyes and a cut on the nose to nursing for one (Resident #3) of three residents reviewed for reporting an injury of unknown origin. Findings included: 1. Review of Resident [redacted] face sheet indicated the facility admitted Resident [redacted] on [redacted] with diagnoses that included [redacted], and a [redacted]. The quarterly Minimum Data Set (MDS), dated [redacted], indicated a Brief Interview for Mental Status (BIMS) of [redacted] out of [redacted], indicating significant cognitive impairment. Resident [redacted] required extensive assist of one person for the majority of activities of daily living (ADLs). Resident [redacted] needed assistance with eating. On 11/07/2021 at 1:51 PM, Registered Nurse (RN) #5 was interviewed. RN #5 was the unit manager for the [redacted] Unit. RN #5 stated that she was unaware of any [redacted] to Resident [redacted] or a [redacted] of the resident's [redacted]. She stated if she had been made aware of any such incident, it would have been investigated. On 11/07/2021 at 2:52 PM, the Activities Aide (AA) was interviewed via the telephone. The AA recalled a Facetime call with Resident [redacted] and the resident's responsible party on [redacted]	F 609	The resident was immediately assessed and no signs of cut on the [redacted] nor [redacted], no other marks noted on [redacted] body and no evidence of [redacted]. All residents have the potential to be affected by the same deficient practice. The recreation aide was suspended for 2 days for failure to report a potential abuse incident. The recreation aide was re-inserviced on the policy and procedure on abuse prevention and prohibition by the recreation director. All staff were in-inserviced by the facility educator on abuse prevention and prohibition policy and procedure,including to report potential abuse incident immediately. Unit manager will do random skin check of [redacted] patients from each unit weekly for 3 months to ensure no signs of scratch or injury has not been reported as required by abuse prevention and prohibition policy and procedure. Results will be reported to DON/Administrator or designee and will be reviewed at the QA Committee meeting. In-service on abuse prevention and prohibition policy and procedure to all staff will be done by the facility educator	

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F 609	Continued From page 2 During that call, the responsible party expressed a concern that Resident [redacted] looked [redacted], and there was a [redacted] of the resident's [redacted]. The AA stated the resident's [redacted] did not look [redacted] to [redacted] and the [redacted] of the resident's [redacted] looked old, so she chose not to report it to nursing. The AA stated, "It didn't look like anything out of the ordinary." The AA stated she was trained to report anything out of the ordinary, even though the responsible party stated the resident appeared to have [redacted] and a [redacted] on the [redacted]. On 11/07/2021 at 2:55 PM, the Activities Director (AD) was interviewed. The AD stated it was her expectation of anyone on her activities staff that if a family expressed a concern, it should have been reported. The AD stated, "It's common sense. See something, say something." On 11/07/2021 at 2:56 PM, the Director of Nursing (DON) was present during the phone call with the AA. The DON stated all team members were trained to report any allegation of injury or an injury of unknown origin. She stated the AA was not in a clinical role and should have reported any mark on a resident's body to nursing to assess. On 11/07/2021 at 3:10 PM, Licensed Practical Nurse (LPN) #1 was interviewed. LPN #1 completed the weekly body assessment on Resident [redacted] on [redacted] LPN #1 stated they had not noticed [redacted] or a [redacted] on the [redacted] of Resident [redacted]. LPN #1 stated if there was any change to the skin, no matter the size, it would have been reported and investigated.	F 609	quarterly for the next 6 months.	

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F 609	Continued From page 3 On 11/07/2021 at 3:51 PM, Certified Nursing Assistant (CNA) #1 was interviewed. She stated being quite familiar with Resident [redacted] since she was the designated person to help Resident [redacted] with [redacted] assistance. CNA #1 stated she did not recall seeing [redacted] or a [redacted] to the [redacted] of the resident's [redacted] Review of the facility's policy titled, "Abuse Prevention Program," dated 10/16/2017, indicated, in part, "Part VIII - Responding: Every staff member will report a potential abuse incident to their supervisor. Failure by a staff member to report a potential abuse incident will result in disciplinary action, up to and including termination." New Jersey Administrative Code § 8:39-5.1(a)	F 609		