

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

PRINTED: 01/07/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315359		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/17/2024	
NAME OF PROVIDER OR SUPPLIER ALLIANCE CARE REHABILITATION AND NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 155 40TH STREET IRVINGTON, NJ 07111			
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F 000	<p>INITIAL COMMENTS</p> <p>A Recertification and Complaint Survey was conducted by Healthcare Management Solutions, LLC on behalf of New Jersey Department of Health (NJDOH).</p> <p>Complaint #'s: NJ162228, NJ162935, NJ167657, NJ168466, NJ172337, NJ173560, NJ175028, NJ175594, NJ176777, NJ176784, NJ176900, and NJ178259,</p> <p>Survey Dates: 10/14/24 through 10/17/24</p> <p>Survey Census: 135</p> <p>Sample Size: 31</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 RECERTIFICATION AND COMPLAINT VISIT.</p>			F 000			
F 582 SS=E	<p>Medicaid/Medicare Coverage/Liability Notice</p> <p>CFR(s): 483.10(g)(17)(18)(i)-(v)</p> <p>§483.10(g)(17) The facility must--</p> <p>(i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of-</p> <p>(A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;</p> <p>(B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and</p> <p>(ii) Inform each Medicaid-eligible resident when</p>			F 582			10/31/24

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

TITLE

(X6) DATE

Electronically Signed

11/06/2024

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 582	<p>Continued From page 1</p> <p>changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.</p> <p>§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate.</p> <p>(i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.</p> <p>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 582			

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F 582	<p>Continued From page 2</p> <p>Based on record review, interview, and policy review, the facility failed to provide three of three residents (Residents (R)77, R268 and R54) a Centers for Medicare and Medicaid Services (CMS) for Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN) when they completed their NJ Exec Order 26.4b1 services. This failure to provide the CMS for SNF ABN prevented the resident from knowing they had days remaining under NJ Exec Order 26.4b1</p> <p>Findings include:</p> <p>Review of the facility's policy titled "Policy, Procedures and Information" last reviewed 07/06/24, Policy: Medicare will only pay for services which are determined to be no longer meet skilled nursing or rehab need". The facility's policy fails to direct staff to complete the Skilled Nursing Facility Advanced Beneficiary Notice" Centers for Medicare and Medicaid (CMS) form 10055 for residents at the anticipated end of their Medicare covered stay.</p> <p>1. Review of the electronic medical record (EMR), under the census tab, for R77 revealed an admission date of NJ Exec Order 26.4b1 with physician orders for NJ Exec Order 26.4b1 including NJ Exec Order 26.4b1 and/or NJ Exec Order 26.4b1. On NJ Exec Order 26.4b1, the facility determined that Medicare may no longer pay for NJ Exec Order 26.4b1 and issued R77 a Notice of Medicare Non-Coverage but failed to issue the CMS Form 10055.</p> <p>2. Review of the EMR, under the census tab, revealed R268 was admitted on NJ Exec Order 26.4b1 with physician orders for NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 and/or NJ Exec Order 26.4b1. The facility determined R268 may no longer qualify for</p>	F 582	<p>F582 Level E Medicaid/Medicare Coverage, Liability Notice</p> <p>Immediate action Resident #77, # 54, remain in the facility. Resident #268 was discharged home NJ Exec Order 26.4b1. The US FOIA (b)(6) was reeducated on the proper completion of written Notice of Medicare Non-Coverage for Medicare Part A with form CMS 10055 as required. Completion Date: 10/17/2024</p> <p>Identification of others: An audit was done for all residents in the past 60 days to ensure that a Notice of Medicare Non-Coverage for Medicare Part A with form CMS 10055 was completed. All negative findings were brought to the Administrator's attention immediately. Completion Date: 10/31/2024 All residents have the potential of being affected.</p>		

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F 582	<p>Continued From page 3</p> <p>Medicare covered services as of [NJ Exec Order 26.4b] and issued R268 the Notice of Medicare Non-Coverage but failed to issue the CMS Form 10055.</p> <p>3. Review of the EMR, under the census tab, revealed R77 was admitted on [NJ Exec Order 26.4b] with physician orders for [NJ Exec Order 26.4b1] including [NJ Exec Order 26.4b] and/or [NJ Exec Order 26.4b1]. The facility determined R77 may no longer qualify for Medicare covered services as of [NJ Exec Order 26.4b] and issues R77 the Notice of Medicare Non-Coverage but failed to issue the CMS Form 10055.</p> <p>Interview with the [US FOIA (b)(6)] on 10/17/24 at 1:00 PM confirmed the facility failed to issue the CMS Form 10055 when the facility determines resident may no long qualify for Medicare covered services.</p> <p>NJAC 8:39-5.4(b)(c)</p>	F 582	<p>Systemic Changes:</p> <p>The Policy and Procedure titled Notice of Non-Medicare Coverage/ABN with form CMS 10055 was reviewed by the Director of nursing and Administrator and found to be in compliance. Completion date 10/31/2024</p> <p>Education to [US FOIA (b)(6)]/Designee of our policy and procedure to ensure that appropriate Notice of Non-Medicare Coverage to include form CMS 10055 as required are completed prior to discharge. Completion date: 10/31/2024</p> <p>Quality Assurance:</p> <p>An audit tool was created ensuring that all discharged residents receive a Notice of Medicare Non-Coverage for Medicare Part A with form CMS 10055 at least two days prior to discharge as required. This audit will be done by the social worker weekly x 4 weeks, monthly x 2 months, and then quarterly x 3 quarters. Any negative findings will be corrected immediately and brought to the</p>		

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F 582	Continued From page 4	F 582	Administrator's attention. The results of all audits will be brought to the QAPI committee quarterly x 4 Responsible person: Director of Social Work and or Designee		
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation 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)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based upon record review, interviews, and review of facility policy, the facility failed to prevent NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 when Resident (R)54 NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 R411 in the NJ Exec Order 26.4b1 This deficiency has the potential to facilitate future NJ Exec Order 26.4b1 resulting in NJ Exec Order 26.4b1 Findings include:	F 600	F600 Level D Free from Abuse and Neglect Immediate Action Resident #411 is no longer in the facility Resident # 54 with a BIMS score of NJ Exec Order 26.4b1 does NJ Exec Order 26.4b1 Resident # 54's plan of care was		11/21/24

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F 600	<p>Continued From page 5</p> <p>1. Review of the "Census" tab located in the electronic medical record (EMR) revealed R411 was admitted to the facility on [REDACTED] NJ Exec Order 26.4b1. Review of the "Med Diag [Medical Diagnoses]" tab located in the EMR revealed R411 had diagnoses including NJ Exec Order 26.4b1 [REDACTED].</p> <p>Review of the quarterly "Minimum Data Set (MDS)" with an assessment reference date (ARD) of [REDACTED] NJ Exec Order 26.4b1 and located in the EMR revealed R411 had a "Brief Interview for Mental Status (BIMS)" score of [REDACTED] out of 10 indicating NJ Exec Order 26.4b1. R411 exhibited [REDACTED] as indicated in Section E.</p> <p>Review of the "Care Plan (CP)" located in the EMR revealed R411 had a concern related to [REDACTED] NJ Exec Order 26.4b1 initiated on [REDACTED] NJ Exec Order 26.4b1 with interventions including administering medications and [REDACTED] NJ Exec Order 26.4b1 R411 as needed.</p> <p>2. Review of the "Census" tab located in the EMR revealed R54 was admitted to the facility on [REDACTED] NJ Exec Order 26.4b1. Review of the "Med Diag" tab located in the EMR revealed R54 had diagnoses including NJ Exec Order 26.4b1 [REDACTED].</p> <p>Review of the quarterly MDS located in the EMR revealed R54 had a BIMS score of [REDACTED] out of 15 indicating NJ Exec Order 26.4b1. R54 [REDACTED] NJ Exec Order 26.4b1 as indicated in Section E.</p> <p>Review of a "Reportable Event Record/Report" dated [REDACTED] NJ Exec Order 26.4b1 and supplied by the [REDACTED] US FOIA (b)(6) [REDACTED] revealed staff had reported to them on [REDACTED] NJ Exec Order 26.4b1 at "around 1pm" that on</p>	F 600	<p>reviewed and is up to date.</p> <p>The person responsible for ensuring that the plan of care for each resident is reviewed and individualized no longer works in the facility. Regional Nurse educated current [REDACTED] US FOIA (b)(6) regarding our Policy for Abuse, Neglect and Misappropriation of resident's property.</p> <p>Completion Date 10/18/24</p> <p>Identification of Others</p> <p>All residents plan of care were reviewed by Director of Nursing and designee to ensure that it is person centered and includes but not limited to identification of residents and development of intervention strategies to prevent occurrence, monitoring and reassessments of the interventions as per policy and as needed. Findings were updated and brought to Administrators attention.</p> <p>Completion Date: 11/21/2024</p> <p>All residents have the potential to be affected.</p>		

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F 600	<p>Continued From page 6</p> <p>NJ Exec Order 26.4b1 at "around 7pm" R411 had been NJ Exec Order 26.4b1 by NJ Exec Order 26.4b1. The facility informed the appropriate authorities, reported the incident within the correct timeframe, and performed an investigation, although not a complete investigation. The facility questioned R54 at which time NJ Exec Order 26.4b1 admitted NJ Exec Order 26.4b1 R411 to get R41] NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1 [R54] NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 R411 on the NJ Exec Order 26.4b1 R54 stated NJ Exec Order 26.4b1 did not report anything to staff because R411 NJ Exec Order 26.4b1. The facility educated R54 on reporting issues NJ Exec Order 26.4b1 were taken of R411 NJ Exec Order 26.4b1.</p> <p>Review of R54's CP located in the EMR revealed a concern initiated on NJ Exec Order 26.4b1 related to R54 having the potential to become NJ Exec Order 26.4b1 related to NJ Exec Order 26.4b1 with interventions including anticipating needs and monitoring/documenting/reporting any signs of NJ Exec Order 26.4b1.</p> <p>Review of R411's CP revealed a concern related to being at NJ Exec Order 26.4b1 initiated on NJ Exec Order 26.4b1 with interventions including monitoring behaviors, monitoring interactions with other residents, and intervening when needed.</p> <p>Review of the "Alliance Incident List" provided by the NJ Exec Order 26.4b1 revealed R54 had not been involved in a NJ Exec Order 26.4b1 since NJ Exec Order 26.4b1.</p> <p>Review of the "Abuse, Mistreatment, Neglect, Misappropriation of Resident's Property - Policy, Procedure, and Information" reviewed 01/11/24 and supplied by the NJ Exec Order 26.4b1 revealed the facility, ". . . shall provide the residents with considerate and respectful care designed to promote the resident's independence and dignity. Each resident has the right to be free of abuse,</p>	F 600	<p>Systemic Changes</p> <p>The Policy and Procedure for Abuse, Neglect, Misappropriation of resident's property was reviewed by Administrator and DON on 10/31/2024 and found to be in compliance. Facility wide Inservice will be given by RN Facility Educator and or designee to all clinical staff responsible for updating any aspect of the resident's care plan on the importance of reviewing and revising care plans to reflect the current status of all residents to ensure that it is person centered. Completion Date: 11/21/2024</p> <p>Quality Assurance</p> <p>Audits will be completed for 7 resident care plans weekly x 4 weeks, then monthly x 2 months, then quarterly x 3 quarters by the RN Unit Manager and or Designee. All negative findings will be corrected immediately and brought to the Director of Nursing and or Designee. The results of all audits will be brought to</p>		

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F 600	Continued From page 7 mistreatment, neglect, and misappropriation of property. This includes the identification of residents and the development of intervention strategies to prevent occurrence, monitoring changes that would trigger abusive behavior, and reassessment of the interventions on a regular basis. Additionally, the facility shall ensure the screening and training of employees, protection of residents, and for the prevention, identification, investigation, and reporting of abuse, mistreatment, neglect, and misappropriation of property." The "Purpose" of the policy was to "ensure that all residents are protected from abuse of any kind by anyone."	F 600	the QA meetings quarterly x 4. Person Responsible : RN/LPN Unit Manager <input type="checkbox"/> s Director of Nursing/ADON/Designee		
F 610 SS=D	NJAC 8:39-4.1(a)(5) Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §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 incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced	F 610			11/30/24

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F 610	<p>Continued From page 8</p> <p>by:</p> <p>Based on interview, record review, and facility policy review, the facility failed to thoroughly investigate NJ Exec Order 26.4b1 incidents for three residents (Residents (R)54, R210, and R411) reviewed for NJ Exec Order 26.4b1 out of a sample size of 31. This failure has the potential for further NJ Exec Order 26.4b1 occurring and not being investigated so interventions can be put in place. Refer to F600</p> <p>Findings include:</p> <p>1. Review of the "Census" tab located in the electronic medical record (EMR) revealed Resident (R)411 was admitted to the facility on NJ Exec Order 26.4b1. Review of the "Med Diag [Medical Diagnoses]" tab located in the EMR revealed R411 had diagnoses including NJ Exec Order 26.4b1</p> <p>Review of the "Census" tab located in the EMR revealed R54 was admitted to the facility on NJ Exec Order 26.4b1. Review of the "Med Diag" tab located in the EMR revealed R54 had diagnoses including NJ Exec Order 26.4b1</p> <p>Review of a "Reportable Event Record/Report" dated NJ Exec Order 26.4b1 and supplied by the US FOIA (b)(6) revealed staff had reported to them on NJ Exec Order 26.4b1 at "around 1pm" that on NJ Exec Order 26.4b1 at "around 7pm" R411 had been NJ Exec Order 26.4b1 by NJ Exec Order 26.4b1. The facility informed the appropriate authorities, reported the incident within the correct timeframe, and performed an investigation.. The facility questioned R54 at which time NJ Exec Order 26.4b1 admitted to NJ Exec Order 26.4b1 R411to get NJ Exec Order 26.4b1 [R411] NJ Exec Order 26.4b1 [R54] NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1</p>	F 610	<p>F610 Level D Investigate/Prevent/Correct Alleged Violation Immediate Action</p> <p>Resident #411/#210 are no longer in the facility.</p> <p>Resident # 54 with a BIMS score of NJ Exec Order 26.4b1 does NJ Exec Order 26.4b1</p> <p>Regional Nurse educated current US FOIA (b)(6) on the importance of a complete and thorough investigation with all statements in file before concluding investigation. Completion Date 10/18/24</p> <p>DON Educated all Unit Managers on the importance of a complete and thorough investigation with all statements on file. Completion Date 10/18/24</p> <p>DON and UM for resident # 54 reviewed the NJ Exec Order 26.4b1 for the past 60 days showing NJ Exec Order 26.4b1 Completion Date 10/18/24</p> <p>All I&A's were reviewed by the DON/ADON for the past 60 days ensuring thorough process was completed. Completion Date 10/31/2024</p>		

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F 610	<p>Continued From page 9</p> <p>[R411] NJ Exec Order 26.4b1. R54 stated NJ Ex did not report anything to staff because R411 NJ Exec Order 26.4b1. The facility educated R54 on reporting issues. NJ Exec Order were taken of R411 NJ Exec Order 26.4b1. The facility investigation indicated the US FOIA (b) NJ Exe the family, and the physician were notified. NJ Exec Order 26.4b1 and care plan updates were completed. The investigation stated staff education related to NJ Exec Order 26.4b1 was completed. The facility investigation did not contain staff education or resident interviews aside from R54 and R411.</p> <p>Review of the "Alliance Incident List" provided by the US FOIA (b) revealed R54 had not been involved in a NJ Exec Order 26.4b1 since NJ Exec Order 26.4b1.</p> <p>In an interview on 10/17/24 at 11:30 AM the US FOIA (b) stated the only investigation information related to the R54 and R411 incident was in the file supplied. The US FOIA (b) stated she started earlier this year, inherited the reported event, and has no more information to provide. She verified the investigation did not contain staff interviews, resident interviews, or staff education related to R54 NJ Exec Order R411 NJ Exec Order 26.4b1.</p> <p>2. Review of R210's electronic medical record (EMR) revealed per the "Census" tab resident was admitted on NJ Exec Order 26.4b1 and discharged on NJ Exec Order 26.4b1.</p> <p>Review of the facility's "Incident list" provided by the US FOIA (b)(6) indicated on NJ Exec Order 26.4b1 at 4:00PM, R210 was identified on the document with NJ Exec Order 26.4b1.</p> <p>The investigative file provided by the US FOIA (b)(6) on 10/17/24 at 11:58 AM, contained a</p>	F 610	<p>Identification of Others</p> <p>An audit of the behavioral tool was conducted for 30 residents over the last 60 days by the DON. Completion date 10/18/2024</p> <p>All residents have the potential to be affected.</p> <p>Systemic Changes</p> <p>The Policy and Procedure on Abuse, Mistreatment, Neglect, Exploitation and Misappropriation of Resident's NJ Exec Order 26.4b1 was reviewed on 10/31/2024 by the Administrator and DON and found to be in compliance.</p> <p>Facility wide Inservice will be given by RN Facility Educator and or designee to all RN's and LPN's to ensure thorough process of all incident reports. Completion Date: 11/30/2024</p> <p>Quality Assurance</p> <p>UM's/Designee Will audit the behavior tool for timely identification of any existing change in behavior of 5 residents per unit weekly x 4 weeks, then monthly x 2 months, then quarterly x 3</p>		

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F 610	<p>Continued From page 10</p> <p>narrative that indicated that the [REDACTED] NJ Exec Order 26.4b1 [REDACTED] or [REDACTED] NJ Exec Order 26.4b1 at approximately 3:00PM, in which R210 stated that the previous [REDACTED] US FOIA (b)(6) [REDACTED] NJ Exec Order 26.4b1 R210 out of [REDACTED] NJ Exec Order 26.4b1 and [REDACTED] NJ Exec Order 26.4b1. The narrative indicated, "US FOIA (b)(6) served patient with discharge notice. [REDACTED] became [REDACTED] NJ Exec Order 26.4b1 and [REDACTED] NJ Exec Order 26.4b1 at her that [REDACTED] NJ Exec Order 26.4b1 was [REDACTED] NJ Exec Order 26.4b1 Resident stood in between the elevator doors and [REDACTED] NJ Exec Order 26.4b1 at staff members. [REDACTED] US FOIA (b)(6) was about eight feet from [REDACTED] NJ Exec Order 26.4b1 and [REDACTED] NJ Exec Order 26.4b1 with the patient." The narrative contained a witness statement from the [REDACTED] US FOIA (b)(6) who stated, " ...previous [REDACTED] US FOIA (b)(6) was six to eight feet away from R210 and the previous [REDACTED] US FOIA (b)(6) NJ Exec Order 26.4b1 resident." The narrative indicated that Licensed Practical Nurse (LPN)1 witnessed the incident but the narrative nor the investigative file contained LPN1's statement. The investigative file did not include a statement from the previous [REDACTED] US FOIA (b)(6)</p> <p>Interview with the [REDACTED] US FOIA (b)(6) on 10/17/24 11:58 AM, she confirmed that everything that was in the investigative file was all the information she could find for this [REDACTED] NJ Exec Order 26.4b1 investigation.</p> <p>Review of the facility's policy titled "Abuse, Mistreatment, Neglect, Exploitation and Misappropriation of Resident's Property" dated 01/11/24 indicated, " ...Section V-Investigation 17. Upon receipt of the resident's accident/incident report ...The investigation shall include a statement from all parties involved including but limited to the resident involved, family members and other residents and staff..."</p> <p>NJAC 8:39-9.4(f)</p>	F 610	<p>quarters.</p> <p>Any identified changes in behavior will immediately be reported to the DON/Designee for action.</p> <p>The results of all audits will be brought to the QA meetings quarterly x 4 quarters.</p> <p>Person Responsible: DON/ADON/RN/LPN Unit Manager's</p>		

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F 693 SS=D	<p>Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5)</p> <p>§483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and</p> <p>§483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by: Based on observation, record review, interview, and facility policy review, the facility failed to ensure a resident was NJ Exec Order 26.4b1 while receiving NJ Exec Order 26.4b1 for one of one resident (Resident (R) 91) reviewed for NJ Exec Order 26.4b1 out of a sample of 31 residents. The NJ Exec Order 26.4b1 could result in NJ Exec Order 26.4b1</p> <p>Findings include:</p> <p>Review of the facility's policy titled, "Tube Feeding Policy," last reviewed 05/10/24, revealed, "All</p>	F 693	<p>F693 Level D Tube Feeding Mgmt/Restore eating Skills</p> <p>Immediate Action Resident #91 was NJ Exec Order 26.4b1 by RN Unit Manager and NJ Exec Order 26.4b1 noted. Residents were seen and NJ Exec Order 26.4b1 by in-house</p>		11/21/24

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F 693	<p>Continued From page 12</p> <p>resident [sic] to remain in Semi-Fowler's position [head of the bed elevated between 30 degrees and 45 degrees] during the feeding and for one hour following the feeding to prevent aspiration."</p> <p>Review of R91's quarterly "Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of [redacted] and located in the "MDS" tab of the electronic medical record (EMR), revealed the resident was [redacted] a "Brief Interview for Mental Status (BIMS)," and the staff assessment for [redacted] indicated [redacted]. R91 had a [redacted] and received [redacted] through [redacted].</p> <p>Review of R91's "Care Plan," located in the "Care Plan" tab of the EMR, revealed a focus area, revised [redacted], "[R91] is [redacted] and [redacted] as [redacted] NJ Exec Order 26.4b1" Further review of the "Care Plan" revealed interventions "NJ Exec Order 26.4b1 unless providing care or resident request," revised on [redacted] and "[R91] needs the [redacted] and thirty minutes after [redacted] revised on [redacted].</p> <p>Review of R91's "Order Summary Report," located in the "Orders" tab of the EMR revealed an order, dated [redacted], for [redacted] to [redacted] NJ Exec Order 26.4b1 with [redacted] of [redacted] NJ Exec Order 26.4b1. Further review revealed an order, dated [redacted], to [redacted] every shift.</p> <p>During an observation on 10/14/24 at 11:19 AM, R91 laid in bed with the [redacted] NJ Exec Order 26.4b1 and the [redacted] NJ Exec Order 26.4b1</p>	F 693	<p>Nurse Practitioner on [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1 noted.</p> <p>CNA (6) was in serviced immediately by the [redacted] DON on 10/18/24 for proper [redacted] NJ Exec Order 26.4b1 of [redacted] resident on [redacted] NJ Exec Order 26.4b1 and facility</p> <p>Enteral feeding policy and procedure. Identification of Others</p> <p>An audit was intitiaed by the Director of [redacted]</p> <p>Nursing of all residents to ensure that residents are kept between 30-45 degrees while receiving enteral nutrition and all negative findings will be corrected immediately. Completion Date:11/21/2024</p> <p>All residents have the potential to be affected.</p> <p>Systemic Changes</p> <p>The Administrator and Director of Nursing reviewed Policy entitled Enteral Nutrition on 10/31/2024 and found to be in compliance.</p> <p>Education will be given to all RN's, LPN's and CNA's on proper positioning while caring for residents on enteral nutrition including facility policy and procedure for</p>		

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F 693	<p>Continued From page 13</p> <p>NJ Exec Order 26.4b1.</p> <p>During an observation on 10/15/24 at 11:00 AM, R91 laid in bed, on NJ Exec Order 26.4b1 left side, NJ Exec Order 26.4b1 in bed so that the NJ Exec Order 26.4b1, which was NJ Exec Order 26.4b1, NJ Exec Order 26.4b1. The NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1.</p> <p>During an observation on 10/15/24 at 4:21 PM, R91 laid flat in bed on NJ Exec Order 26.4b1 back without the NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1.</p> <p>During an observation on 10/16/24 at 8:18 AM, R91 laid flat in bed on NJ Exec Order 26.4b1 back, NJ Exec Order 26.4b1 with the NJ Exec Order 26.4b1 than NJ Exec Order 26.4b1. The NJ Exec Order 26.4b1.</p> <p>During an observation on 10/16/24 at 9:02 AM, Certified Nursing Assistant (CNA) 6 completed cares, with the NJ Exec Order 26.4b1, and then NJ Exec Order 26.4b1 R91 with the NJ Exec Order 26.4b1.</p> <p>During a concurrent interview on 10/16/24 at 9:02 AM, CNA6 stated if the NJ Exec Order 26.4b1, R91 was NJ Exec Order 26.4b1.</p> <p>During an interview on 10/16/24 at 9:06 AM, Charge Nurse (CN) 2 stated the NJ Exec Order 26.4b1 should be at NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 of the bed.</p> <p>During an interview on 10/16/24 at 10:50 AM, US FOIA (b)(6) stated she noticed R91 lying in bed the day prior NJ Exec Order 26.4b1 and had NJ Exec Order 26.4b1.</p>	F 693	<p>residents on Enteral nutrition by RN Facility Educator and or Designee. Completion Date: 11/21/2024 Quality Assurance: An audit tool was created for all residents on tube feeding to ensure that all residents are elevated between 30-45 degrees as per facility policy. These audits will be completed weekly x 4 weeks by RN's/LPN Unit Manager's/designee, then monthly x2 months, then quarterly x 3 quarters. All negative findings will be brought to the DON immediately. The results of all audits will be brought to the QA committee quarterly x 4.</p> <p>Person Responsible: RN's/LPN Unit Manager Director of Nursing/Designee.</p>		

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F 693	Continued From page 14 NJ Exec Order it. US FOIA (b)(6) stated staff were to keep the NJ Exec Order 26.4b1 at least unless they NJ Exec Order 26.4b1 for cares or another reason. During an interview on 10/16/24 at 5:30 PM with the US FOIA (b)(6), the US FOIA (b)(6) stated she expected staff to follow the standard practice of NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 was running, to prevent NJ Exec Order 26.4b1	F 693			
F 755 SS=D	NJAC 8:39-27.1(a) Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.	F 755		11/30/24	

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F 755	<p>Continued From page 15</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, record review, interview, and facility policy review, the facility failed to have medications available to administer as ordered, document why the medications were not given, and maintain accessible records for a [REDACTED] medication for three of seven residents (Resident (R) 141, R261, and R366) reviewed for medication administration or [REDACTED]. This had the potential to result in adverse health outcomes.</p> <p>Findings include:</p> <p>1. Review of R366's "Admission Record" under the electronic medical record (EMR) "Profile" tab revealed [REDACTED] was admitted to the facility on [REDACTED]. R366 had diagnoses which included [REDACTED].</p> <p>Review of R366's "Order Summary Report," located in the "Orders" tab of the EMR revealed orders which included: [REDACTED] 1 tablet twice daily as a [REDACTED] ordered [REDACTED], and [REDACTED] twice daily for [REDACTED] ordered [REDACTED].</p> <p>Review of R366's "Medication Administration Record (MAR)," located in "Orders" tab of the</p>	F 755	<p>F755 Level D Pharmacy Services</p> <p>Immediate Action Resident # 366 Physician was notified and [REDACTED] was discontinued and changed to an alternate medication. [REDACTED] was replenished and given as ordered. Completion Date [REDACTED]</p> <p>Facility NP [REDACTED] resident on [REDACTED] and [REDACTED] noted Charge Nurse (3) was reeducated on 5 rights of medication administration, proper procedure for unavailable medication and documentation. Completion Date:10/16/2024 Resident #141</p>		

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F 755	<p>Continued From page 16</p> <p>EMR, revealed the [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] were scheduled for 9:00 AM and 5:00 PM.</p> <p>During an interview on 10/15/24 at 4:35 PM, R366 stated [NJ Exec Order 26.4b1] was [NJ Exec Order 26.4b1] and had [NJ Exec Order 26.4b1].</p> <p>During an observation on 10/16/24 at 9:10 AM, Charge Nurse (CN) 3 administered morning medications to R366. CN3 did not administer R366's [NJ Exec Order 26.4b1] or [NJ Exec Order 26.4b1].</p> <p>During an interview on 10/16/24 at 9:20 AM, CN3 stated the facility was waiting for the pharmacy to send the [NJ Exec Order 26.4b1]. It needed a script, which sometimes took a couple of days to get. In addition, CN3 stated the medication cart had no [NJ Exec Order 26.4b1] in it. She had just used the last one and needed to check other carts for a bottle.</p> <p>Further review of R366's "MAR" on 10/16/24 at 10:00 AM revealed that since [NJ Exec Order 26.4b1] admitted to the facility on [NJ Exec Order 26.4b1], nursing had documented the administration of [NJ Exec Order 26.4b1] with a chart code [NJ Exec Order 26.4b1] which referred the reviewer to "other/see progress notes."</p> <p>Review of R366's "Progress Notes" under the "Prog Notes" tab of the EMR revealed the following documentation regarding the [NJ Exec Order 26.4b1]</p> <p>-on [NJ Exec Order 26.4b1] at 8:50 AM "reschedule"</p> <p>-on [NJ Exec Order 26.4b1] at 9:51 AM "on order"</p> <p>-on [NJ Exec Order 26.4b1] at 6:45 PM "on order"</p> <p>-on [NJ Exec Order 26.4b1] at 8:56 AM "on resident"</p> <p>-on [NJ Exec Order 26.4b1] at 10:13 PM "reschedule"</p> <p>In addition, on [NJ Exec Order 26.4b1], staff documented "on order" with no specific medication mentioned.</p>	F 755	<p>Resident was [NJ Exec Order 26.4b1] by RN Supervisor and [NJ Exec Order 26.4b1]. Charge Nurse (2) was reeducated on proper procedure for unavailable medication and documentation.</p> <p>Completion Date: 10/16/2024</p> <p>The facility respectfully submits that resident # 261 is no longer in the facility.</p> <p>Immediate reeducation to the Charge Nurse (3) and Charge Nurse (2) on procedure for unavailable medications and documentation.</p> <p>Completion Date 10/16/24.</p> <p>Identification of Others: The facility respectfully submits that all residents may be potentially affected. Unavailable medication audit will be conducted for all residents in the facility.</p> <p>Completion date 11/21/2024 Any negative findings will be brought to the Director of Nursing and or Designee's attention and will be ordered immediately.</p> <p>Systemic Changes The Policy and Procedure entitled Medication</p>		

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F 755	<p>Continued From page 17</p> <p>During a follow-up interview on 10/16/24 at 10:31 AM, CN3 reported she had not located any [REDACTED] but would order it. She stated the nurse who admitted R366 may have checked for a script for the [REDACTED] CN3 stated she planned to follow up with her supervisor and/or the nurse practitioner regarding the medication.</p> <p>During an interview on 10/16/24 at 10:40 AM, [REDACTED] stated if a medication required a script and was not available, the nurse should address it. If unable to address it, it should be endorsed to the next shift or passed through to the supervisor. [REDACTED] was unaware that the [REDACTED] for R366 had not arrived. [REDACTED] stated she had instructed the person who stocks medications that they needed [REDACTED] for R366.</p> <p>2. Review of R141's "Admission Record" under the EMR "Profile" tab revealed [REDACTED] was admitted to the facility on [REDACTED]. R141 had diagnoses which included encounter for [REDACTED] following [REDACTED] on the [REDACTED] and [REDACTED].</p> <p>Review of R141's admission "Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of [REDACTED] and located in the "MDS" tab of the EMR, revealed R141 scored a [REDACTED] out of 15 on [REDACTED] "Brief Interview of Mental Status (BIMS)," which [REDACTED]. R141 reported [REDACTED].</p> <p>During an observation and interview on 10/14/24 at 12:47 PM, R141 [REDACTED] when [REDACTED] moved from a [REDACTED]. R141</p>	F 755	<p>Administration and Documentation was reviewed on 10/31/2024 by Director of Nursing and Administrator and was found to be in compliance. All RN's and LPN's will be reeducated on policy and procedure of Medication Administration to include procedure on unavailable medications by the RN Facility Educator and or Designee.</p> <p>Completion Date: 11/30/2024</p> <p>Quality Assurance: An audit tool was initiated for unavailable medications to ensure medications are ordered timely and proper procedure was followed. Audits will be completed weekly x 4 weeks, then monthly x 2 months then quarterly x3 quarters by the RN's/LPN Unit Manager and or Designee to ensure all medications are available. All negative findings will be brought to the DON/Designee immediately. The results of all audits will be brought to the QA committee quarterly x 4.</p>		

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F 755	<p>Continued From page 18</p> <p>reported [REDACTED] and NJ Exec Order 26.4b1 [REDACTED]. [REDACTED] pointed to NJ Exec Order 26.4b1 [REDACTED] and reported [REDACTED] for NJ Exec Order 26.4b1 [REDACTED] but could not state what NJ Exec Order 26.4b1 [REDACTED].</p> <p>Review of R141's "Order Summary Report" located under the "Orders" tab of the EMR revealed R141 had two orders, dated [REDACTED] for NJ Exec Order 26.4b1 [REDACTED]. One order was for NJ Exec Order 26.4b1 [REDACTED] and one was for NJ Exec Order 26.4b1 [REDACTED], both at 9:00 AM with removal at 9:00 PM.</p> <p>Review of R141's "Care Plan," located in the "Care Plan" tab of the EMR, revealed no focus area on [REDACTED] or any NJ Exec Order 26.4b1 [REDACTED] or interventions.</p> <p>During an observation and interview on 10/14/24 at 3:53 PM, R141 [REDACTED] NJ Exec Order 26.4b1 [REDACTED], when asked if [REDACTED] NJ Exec Order 26.4b1 [REDACTED] placed. R141 stated "sometimes" [REDACTED] had a [REDACTED] on but "not now" on [REDACTED] NJ Exec Order 26.4b1 [REDACTED] was observed to the [REDACTED] NJ Exec Order 26.4b1 [REDACTED]. R141 did not show [REDACTED] NJ Exec Order 26.4b1 [REDACTED].</p> <p>During an observation and interview on 10/16/24 at 1:00 PM, R141 [REDACTED] NJ Exec Order 26.4b1 [REDACTED] and reported [REDACTED] as 'NJ Exec Order 26.4b1 [REDACTED] R141 stated [REDACTED] had [REDACTED] on [REDACTED] and [REDACTED] to reveal [REDACTED] NJ Exec Order 26.4b1 [REDACTED]. [REDACTED] did not [REDACTED] NJ Exec Order 26.4b1 [REDACTED].</p> <p>Review of R141's [REDACTED] "MAR" located in the "Orders" tab of the EMR, revealed nurses had initialed the [REDACTED] NJ Exec Order 26.4b1 [REDACTED] as administered both [REDACTED] and [REDACTED] at 9:00 AM.</p>	F 755	<p>Person Responsible: RN/LPN Unit Manger [REDACTED]s/ Director of Nursing/Designee</p>		

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F 755	<p>Continued From page 19</p> <p>During an interview on 10/16/24 at 1:05 PM, CN3 stated she put a [redacted] on the [redacted] but did not have one available to put on the [redacted]. She needed to re-order the [redacted]. CN4 confirm she should not have initialed the [redacted] as being administered.</p> <p>3. Review of R261's "Admission Record" under the EMR "Profile" tab revealed [redacted] was admitted to the facility on [redacted] and discharged on [redacted]. [redacted] had diagnoses which included [redacted].</p> <p>Review of R261's admission "MDS," with an ARD of [redacted] and located in the "MDS" tab of the EMR, revealed R261 scored a [redacted] out of 15 on "BIMS," which indicated [redacted]. R261 reported [redacted], rated as [redacted] at its [redacted] on a [redacted], with [redacted] being the [redacted]. R261 reported the [redacted] did not, or [redacted]. R261 received scheduled and prn [redacted] medications, to include [redacted].</p> <p>Review of R261's [redacted] "MARs," located under the "Orders" tab of the EMR revealed [redacted] had orders for a [redacted] to be [redacted] days for [redacted]. Further review revealed on [redacted], and [redacted], nursing documented the administration of the [redacted] with a chart code [redacted] which referred the reviewer to "other/see progress notes." On [redacted], the [redacted] was documented as "on hold," and on [redacted] and [redacted] the [redacted] was not signed off as administered. On [redacted], nursing</p>	F 755			

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F 755	<p>Continued From page 20 documented R261 NJ Exec Order 26.4b1.</p> <p>Review of R261's "Progress Notes" located under the "Prog Notes" tab of the EMR revealed an entry on NJ Exec Order 26.4b1 of "awaiting for pharmacy to deliver, med faxed and called." There was no documentation about why the NJ Exec Order 26.4b1 was on hold on NJ Exec Order 26.4b1 why it was not signed off on NJ Exec Order 26.4b1 or why the resident NJ Exec Order 26.4b1 it on NJ Exec Order 26.4b1.</p> <p>The facility was unable to provide NJ Exec Order 26.4b1 administration records for NJ Exec Order 26.4b1.</p> <p>During an interview on 10/16/24 at 8:30, CN2 stated if a medication was not available, nurses notified the doctor and got an order to hold the medication or replace it with a different medication until it arrived from pharmacy. Pharmacy sent medications stat if needed, and the facility had a pyxis (emergency supply) of many narcotics as well as other medications.</p> <p>During an interview on 10/16/24 at 9:41 AM, US FOIA (b)(6) stated a US FOIA (b)(6) who provided scripts, was in the facility Monday through Friday and was available by phone as well. If a medication was not available, staff called the provider to see if the provider wanted to order an alternative medication.</p> <p>During an interview with the US FOIA (b)(6) on 10/16/24 at 5:30 PM, the US FOIA (b)(6) stated she expected nurses to tell the US FOIA (b)(6) and/or her when medications had not arrived from the pharmacy. R366 should not have gone NJ Exec Order 26.4b1. After the</p>	F 755			

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F 755	Continued From page 21 observed medication pass, the facility had called the pharmacy and clarified the medication was on backorder from the manufacturer. The facility notified the physician, who ordered an alternate medication. On 10/17/24 at 12:09 PM CN6 stated the R261 had a [NJ Exec Order 26.4b1] but was able to make [NJ Exec Order 26.4b1] and ask for [NJ Exec Order 26.4b1] medication. CN6 did not recall not having [NJ Exec Order 26.4b1] available. NJAC 8:39-29.3(5) NJAC 8:39-29.6(a)	F 755			
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, record review, interview, and facility policy review, the facility failed to ensure a medication error rate of less than five percent during observation of medication administration. The facility had three errors in twenty-five opportunities, which resulted in a 12 percent error rate. This affected one (Resident (R) 366) out of four residents observed. Medication errors have the potential to result in adverse health outcomes. Refer to F755. Findings include: Review of the facility untitled policy regarding	F 759	F759 Level D Free of Medication Error Immediate Action Resident # 366 The physician was notified and [NJ Exec Order 26.4b1] was discontinued and changed to an alternate medication. [NJ Exec Order 26.4b1] was replenished and given as ordered.		11/21/24

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F 759	<p>Continued From page 22</p> <p>medication administration, dated 06/22/24, revealed, "Medications are to be administered within a two-hour time frame (i.e. one hour before or after the medication order time. The licensed nurse "Immediately notifies nursing supervisor if medication is unavailable for administration and notifies Physician/NP [nurse practitioner] of the same. Contacts pharmacy to obtain medication." The licensed nurse "Assures the 5 rights: Compares the medication name, strength, route and dosage schedule on the medication administration record against the prescription label. Always checks three times prior to administration of medication."</p> <p>Review of R366's "Admission Record" under the electronic medical record (EMR) "Profile" tab revealed [redacted] was admitted to the facility on [redacted]. R366 had diagnoses which included [redacted] and [redacted].</p> <p>Review of R366's "Order Summary Report," located in the "Orders" tab of the EMR revealed orders which included: NJ Exec Order 26.4b1 Give two tablets daily, ordered [redacted] for [redacted] NJ Exec Order 26.4b1 Give one tablet twice daily as a [redacted] ordered [redacted], and [redacted] NJ Exec Order 26.4b1. Give twice daily for [redacted] ordered [redacted]</p> <p>Review of R366's "Medication Administration Record (MAR)" under the EMR "Orders" tab revealed the [redacted] 2 tabs, which started on [redacted], was scheduled for 8:00 AM, one hour before any other medications. Prior to [redacted], the [redacted] daily. R366's</p>	F 759	<p>Completion Date [redacted]</p> <p>Facility NP [redacted] resident on [redacted] and [redacted] noted Charge Nurse (3) was reeducated on 5 rights of medication administration, proper procedure for unavailable medication and documentation. Completion Date: 10/16/2024 Resident was immediately [redacted] by RN Supervisor and [redacted] noted. Physician notified and gave orders to observe Resident with no further orders noted. Medication error was initiated for Charge Nurse (3) All medication orders were reviewed and are all available.</p> <p>The medication was immediately removed from the Medication cart on 10/16/24.</p> <p>Identification of Others All residents have the potential to be affected. An audit will be completed of all medication carts for discontinued medications by Unit</p>		

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F 759	<p>Continued From page 23</p> <p>other morning medications were all scheduled at 9:00 AM, to include NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1</p> <p>During an observation on 10/16/24 at 9:10 AM, Charge Nurse (CN) 3 administered morning medications to R366. CN3 punched two tablets out of a single medication card containing NJ Exec Order 26.4b1 tablets and administered them to R366 along with NJ Exec scheduled 9:00 AM medications. CN3 stated the facility was waiting for the pharmacy to send the NJ Exec Order 26.4b1. It needed a physician order, which sometimes took a couple of days to get. In addition, CN3 stated the medication cart had no NJ Exec Order 26.4b1 in it. She had used the last tablet for another resident and needed to check other carts for a bottle.</p> <p>During an interview on 10/16/24 at 9:41 AM, US FOIA (b)(6) stated a US FOIA (b)(6), who provided physician order, was in the facility Monday through Friday and was available by phone as well. If a medication was not available, staff called the provider to see if the provider wanted to order an alternative medication.</p> <p>During a follow-up interview on 10/16/24 at 10:31 AM, CN3 reported she had not located any NJ Exec Order 26.4b1 but planned to order it. She stated the nurse who admitted R366 may have checked for a physician order for the NJ Exec Order 26.4b1. CN3 stated she planned to follow up with her supervisor and/or the US FOIA (b)(6) regarding the medication. When asked to check the dose on the medication card for NJ Exec Order 26.4b1, CN3 pulled two medication cards rubber-banded together which contained NJ Exec Order 26.4b1 tablets. When asked to</p>	F 759	<p>Manager's and or designee. Completion date 11/21/2024 Any negative findings will be brought to the Director of Nursing/Designee's attention and will be removed immediately.</p> <p>Systemic Changes The Policy and Procedure for Medication Administration and Documentation was reviewed by Administrator and Director of Nursing on 10/31/2024 and found to be in compliance All RN's/LPN's will be reeducated by RN Facility Educator and or Designee regarding medication Administration and Documentation including discontinued medication and unavailable medication. Completion Date: 11/21/2024</p> <p>Quality Assurance Audits for discontinued medications will be conducted by the RN's/LPN Unit Managers for 7 residents per floor that were discontinued. These audits will be conducted weekly x 4</p>		

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F 759	<p>Continued From page 24</p> <p>check for the [REDACTED] card used for the observed medication pass, CN3 retrieved a card of [REDACTED] tablets from the medication cart. CN3 verified two tablets were missing from the [REDACTED] cards, although the MAR showed two tablets of [REDACTED] had been signed off for three days (six tablets total). CN3 stated she would remove the card containing the [REDACTED] tablets from the cart. She verified [REDACTED] was scheduled for 8:00 AM.</p> <p>During an interview on 10/16/24 at 10:40 AM, [REDACTED] stated if a medication required a physician order and was not available, the nurse should address it. If unable to address it, it should be endorsed to the next shift or passed through to the supervisor. [REDACTED] was unaware that the [REDACTED] for R366 had not arrived. [REDACTED] the nurse who received the order for the change in dose of the [REDACTED] should have removed the old medication card from the cart at the time of the order.</p> <p>During an interview with the [REDACTED] on 10/16/24 at 5:30 PM, the [REDACTED] stated she expected nurses to tell the [REDACTED] and/or her when medications had not arrived from the pharmacy. R366 should not have gone [REDACTED]. The [REDACTED] expected nurses to follow the five rights of medication administration. The [REDACTED] expected that nurses administered medications from one hour prior to one hour after the prescribed time.</p> <p>NJAC 8:39-29.2(d)</p>	F 759	<p>weeks, then monthly x 2 months then quarterly x 3 quarters.</p> <p>All negative findings will be brought to the</p> <p>Director of Nursing's attention.</p> <p>The results of all audits will be brought to</p> <p>the QAPI committee quarterly x 4 quarters.</p> <p>Person Responsible: RN/LPN Unit Manager's/Director of Nursing/ Designee</p>		
F 880 SS=D	<p>Infection Prevention & Control</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p>	F 880		11/21/24	

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F 880	<p>Continued From page 25</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to:</p>	F 880			

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F 880	<p>Continued From page 26</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, record review, interview, and policy review, the facility failed to utilize the proper personal protective equipment (PPE) for NJ Exec Order 26.4b1 and failed to perform proper hand hygiene for one of five residents (Resident (R) 91) reviewed for NJ Exec Order 26.4b1 out of a sample of 31 residents. This created a potential for the NJ Exec Order 26.4b1 to staff and other residents.</p> <p>Findings include:</p>	F 880	<p>F880 Level D Infection Prevention and Control</p> <p>Immediate Action</p> <p>Resident #91</p> <p>CNA (6) and Charge Nurse (4) were immediately reeducated on NJ Exec Order 26.4b1</p>		

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F 880	<p>Continued From page 27</p> <p>Review of the facility's "Enhanced Barrier Precautions" policy, dated 04/01/24, revealed it stated: "Enhanced Barrier Precautions expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing ... The use of gown and gloves for high-contact resident care activities is indicated, ... for nursing home residents with wounds and/or indwelling medical devices regardless of MDRO colonization as well as for residents with MDRO infection or colonization. The following situations would warrant Enhanced Barrier Precautions: (EBP) ... Wounds and/or indwelling medical devices (regardless of their MDRO status) [such as] indwelling catheters, ... Feeding tubes ... Enhanced Barrier Precautions require: Use of gown and gloves during high-contact resident care activities [such as] dressing, bathing, ... changing linens, changing briefs, incontinence pads, toileting assistance, device care or use of indwelling catheter, central line, feeding tube, ... "</p> <p>Review of the facility's "Infection Control: Handwashing (hand hygiene)" policy, dated 01/11/24, revealed it directed staff to perform hand hygiene at times which included: before rendering care, between providing care where soiling is likely (i.e. incontinent care, removal of soiled dressing), and after touching resident furnishings/belongings.</p> <p>Review of R91's quarterly "Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of [redacted] and located in the "MDS" tab of the electronic medical record (EMR), revealed the resident was [redacted] a "Brief</p>	F 880	<p>NJ Exec Order 26.4b1 Hand Hygiene, and when and how to Don/ Doff PPE by the IP RN. Completion date:10/17/2024</p> <p>Identification of Others: The facility respectfully submits that all residents have the potential to be affected.</p> <p>Systemic Changes The Policy and Procedure titled Enhanced Barrier Precautions, Hand Hygiene, and when and how to Don/ Doff PPE was reviewed by the DON and Infection Preventionist RN and found to be in compliance. Completion Date 10/31/24</p> <p>Education will be provided to all staff in all departments on Enhanced Barrier Precautions, Hand Hygiene and when and how to don/doff by the IP RN. Completion date 11/21/2024</p> <p>Quality Assurance</p> <p>Charge Nurse (4) & CNA (6) identified with resident #91 will be observed for hand hygiene, and when and how to Don/Doff PPE weekly x</p>		

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

PRINTED: 01/07/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315359	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/17/2024
NAME OF PROVIDER OR SUPPLIER ALLIANCE CARE REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 155 40TH STREET IRVINGTON, NJ 07111		
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F 880	<p>Continued From page 28</p> <p>Interview for Mental Status (BIMS)," and the staff assessment for [REDACTED] indicated [REDACTED]. R91 had a [REDACTED] NJ Exec Order 26.4b1</p> <p>Review of R91's "Order Summary Report," located in the "Orders" tab of the EMR revealed an order for [REDACTED] NJ Exec Order 26.4b1, dated [REDACTED] NJ Exec Order 26.4b1.</p> <p>Review of R91's "Care Plan," located in the "Care Plan" tab of the EMR, revealed a focus area, revised [REDACTED] NJ Exec Order 26.4b1, "[R91] is on [REDACTED] NJ Exec Order 26.4b1. At Risk for [REDACTED] NJ Exec Order 26.4b1 due to [REDACTED] NJ Exec Order 26.4b1." Interventions included: "We will provide [REDACTED] NJ Exec Order 26.4b1 during times of high contact resident care activities" and "We will use gloves, gowns and potentially [REDACTED] NJ Exec Order 26.4b1."</p> <p>During an observation on 10/14/24 at 11:19 AM, a sign hung on the wall outside R91's door. The sign stated to wear gloves and gown for [REDACTED] NJ Exec Order 26.4b1, changing linens, [REDACTED] NJ Exec Order 26.4b1, or use: [REDACTED] NJ Exec Order 26.4b1</p> <p>During an observation on 10/16/24 from 8:36 AM to 9:02 AM, Certified Nursing Assistant (CNA) 6 went into R91's room with clean bedding, linens, and a resident gown. CNA6 washed her hands, put on gloves, and filled a basin with water at the sink. While R91 laid on [REDACTED] NJ Exec Order 26.4b1 back in bed, CNA6 [REDACTED] NJ Exec Order 26.4b1 with her gloved hand. CNA6 then washed R91's [REDACTED] NJ Exec Order 26.4b1. CNA6 removed R91's [REDACTED] NJ Exec Order 26.4b1 and [REDACTED] NJ Exec Order 26.4b1</p>	F 880	<p>4 weeks, monthly x 2 months and quarterly x 3 quarters to ensure sustained compliance by the IP RN.</p> <p>Audits on Enhanced Barrier Precautions, Hand Hygiene, and when and how to Don/ Doff PPE will be conducted for 5 staff members weekly x4 weeks, monthly x 2 months, and quarterly x 3 quarters by IP RN and submitted to the QA committee.</p> <p>Person Responsible: RN Infection Preventionist and or RN Facility Educator/Designee.</p>		

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F 880	<p>Continued From page 29</p> <p>NJ Exec Order 26.4b1 from the bed. CNA6 then unfastened and folded down the front of R91's NJ Exec Order 26.4b1, which NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 CNA6 provided NJ Exec Order 26.4b1 to R91's NJ Exec Order 26.4b1 and then used her gloved hands to NJ Exec Order 26.4b1 R91 onto NJ Exec Order 26.4b1 CNA6 removed the NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 R91's NJ Exec Order 26.4b1 to complete the NJ Exec Order 26.4b1 CNA6 applied NJ Exec Order 26.4b1 to R91's NJ Exec Order 26.4b1 with her gloved hands and placed a NJ Exec Order 26.4b1, as well as a clean fitted sheet, under R91, after tucking the used fitted sheet under R91. CNA6 NJ Exec Order 26.4b1 R91 the other direction, removed the old fitted sheet from the bed, finished placing the new fitted sheet, and NJ Exec Order 26.4b1. CNA6 proceeded to dump the old water from the basin and, with the same gloves on her hands, turned on the water at the sink to re-fill the basin. She then NJ Exec Order 26.4b1. With gloved hands, CNA6 placed a NJ Exec Order 26.4b1 between R91's NJ Exec Order 26.4b1 removed the old flat sheet, and covered NJ Exec Order 26.4b1 with a clean sheet. CNA6 NJ Exec Order 26.4b1 before she removed her gloves and washed her hands at the sink. CNA6 did not change her gloves during the cares and did not wear a gown.</p> <p>During an observation on 10/16/24 at 4:02 PM, Charge Nurse (CN) 4 washed her hands at the sink and gloved in R91's room. She removed R91's NJ Exec Order 26.4b1, disposed of it, retrieved a NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1. CN4 then removed a NJ Exec Order 26.4b1 from a NJ Exec Order 26.4b1, secured the NJ Exec Order 26.4b1 to R91's NJ Exec Order 26.4b1, pulled back to check for NJ Exec Order 26.4b1 and then NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 poured into the NJ Exec Order 26.4b1 CN4 placed the NJ Exec Order 26.4b1 back in the NJ Exec Order 26.4b1 grabbed the NJ Exec Order 26.4b1 from the NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1. CN4 wore no</p>	F 880			

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F 880	<p>Continued From page 30 gown.</p> <p>During an interview on 10/16/24 at 4:05 PM, CN4 stated that for residents with [REDACTED] and [REDACTED]. [REDACTED] meant that those [REDACTED] needed some kind of [REDACTED] them. Gowns were only expected to be worn when a resident was on [REDACTED], etc, and then the type of PPE worn depended on the type of p [REDACTED]</p> <p>During an interview on 10/16/24 at 5:11 PM, the [REDACTED] stated [REDACTED] were used by staff when they provided direct care for residents with [REDACTED]. Staff wore gowns and gloves for activities of daily living (ADLs) including dressing, washing, and bed making. When checking the residual of, or [REDACTED], there was the potential for contact with [REDACTED] so staff wore gloves, and it was also best that they wore gowns.</p> <p>During an interview with the [REDACTED] on 10/16/24 at 5:30 PM, the [REDACTED] stated she expected gloves and gowns to be worn for [REDACTED] with contact activities of a resident with a [REDACTED]. Gloves should be removed, and hand hygiene completed, following [REDACTED].</p> <p>NJAC 8:39-19.4</p>	F 880			

New Jersey Department of Health

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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 established minimum staffing requirements in	S 560	S560 Mandatory Access to Care Immediate Action: The Administrator and Director of Nursing met with the Staffing Coordinator to determine current staffing vacancies in the nursing department to ensure accuracy of facility needs. The facility has reviewed current salaries in comparison to other facilities in the immediate area to ensure salary	11/21/24

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

Electronically Signed

TITLE

(X6) DATE

11/06/24

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>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 03/26/2023 to 04/01/2023, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows:</p> <p>-03/28/23 had 18 CNAs for 150 residents on the day shift, required at least 19 CNAs.</p> <p>2. For the week of Complaint staffing from 03/07/2024 to 03/23/2024, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>-03/17/24 had 12 CNAs for 175 residents on the day shift, required at least 22 CNAs.</p> <p>-03/18/24 had 16 CNAs for 175 residents on the day shift, required at least 22 CNAs.</p> <p>-03/19/24 had 17 CNAs for 174 residents on the day shift, required at least 22 CNAs.</p> <p>-03/20/23 had 18 CNAs for 174 residents on the day shift, required at least 22 CNAs.</p>	S 560	<p>competitiveness within the community.</p> <p>The facility works with a full-time recruiter whose responsibility is to recruit nurses and C.N.A.s.</p> <p>The facility maintains contact with the company recruiters on a weekly basis and provides updates on current staffing needs.</p> <p>Nursing Administration is available for interviews, hiring and training as needed to ensure all potential candidates are interviewed, evaluated and offered positions if appropriate.</p> <p>The facility continues to offer incentives.</p> <p>The facility advertises on various platforms such as social media, posted flyers in various community establishments, colleges and schools.</p> <p>Signs are placed across facility property to enhance our recruitment efforts.</p> <p>Identification of Others: The facility respectfully submits that all residents may be affected by this practice.</p> <p>Systemic Changes</p>	

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S 560	<p>Continued From page 2</p> <p>-03/21/24 had 20 CNAs for 174 residents on the day shift, required at least 22 CNAs.</p> <p>-03/22/24 had 21 CNAs for 174 residents on the day shift, required at least 22 CNAs.</p> <p>-02/23/24 had 17 CNAs for 174 residents on the day shift, required at least 22 CNAs.</p> <p>3. For the week of Complaint staffing from 05/05/2024 to 05/11/2024, the facility was deficient in CNA staffing for residents on 4 of 7 day shifts as follows:</p> <p>-05/05/24 had 16 CNAs for 161 residents on the day shift, required at least 20 CNAs.</p> <p>-05/06/24 had 19 CNAs for 161 residents on the day shift, required at least 20 CNAs.</p> <p>-05/07/24 had 17 CNAs for 161 residents on the day shift, required at least 20 CNAs.</p> <p>-05/11/24 had 18 CNAs for 160 residents on the day shift, required at least 20 CNAs.</p> <p>4. For the week of Complaint staffing from 05/26/2024 to 06/01/2024, the facility was deficient in CNA staffing for residents on 3 of 7 day shifts as follows:</p> <p>-05/26/24 had 12 CNAs for 160 residents on the day shift, required at least 20 CNAs.</p> <p>-05/27/24 had 19 CNAs for 160 residents on the day shift, required at least 20 CNAs.</p> <p>-06/01/24 had 17 CNAs for 155 residents on the day shift, required at least 19 CNAs.</p> <p>5. For the 2 weeks of Complaint staffing from 06/16/2024 to 06/29/2024, the facility was deficient in CNA staffing for residents on 9 of 14 day shifts as follows:</p> <p>-06/16/24 had 16 CNAs for 165 residents on the day shift, required at least 21 CNAs.</p>	S 560	<p>The Administrator, Director of Nursing, Human Resource Director and the Staffing Coordinator have reviewed the facility staffing ratios to ensure the facility meets the par levels. Human Resource Director will complete exit interviews for all nursing employees who have vacated their positions to address any issues which could be affecting retention of employees. The facility will continue to offer orientation on a rolling hire basis.</p> <p>Quality Assurance A tracking log will be maintained by HR/Staffing Coordinator/Designee for all communication with recruiters, referrals, applicants, interviews, newly hired, orientation completion and success of recruitment efforts and will be reviewed monthly by Director of Nursing, Administrator and Human Resource Director. All findings will be reviewed by the Quality Assurance Team at least quarterly and</p>	

New Jersey Department of Health

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S 560	<p>Continued From page 3</p> <p>-06/18/24 had 18 CNAs for 162 residents on the day shift, required at least 20 CNAs.</p> <p>-06/19/24 had 19 CNAs for 162 residents on the day shift, required at least 20 CNAs.</p> <p>-06/20/24 had 19 CNAs for 162 residents on the day shift, required at least 20 CNAs.</p> <p>-06/22/24 had 19 CNAs for 159 residents on the day shift, required at least 20 CNAs.</p> <p>-06/23/24 had 17 CNAs for 159 residents on the day shift, required at least 20 CNAs.</p> <p>-06/24/24 had 18 CNAs for 159 residents on the day shift, required at least 20 CNAs.</p> <p>-06/25/24 had 16 CNAs for 157 residents on the day shift, required at least 20 CNAs.</p> <p>-06/29/24 had 18 CNAs for 157 residents on the day shift, required at least 20 CNAs.</p> <p>6. For the 2 weeks of Complaint staffing from 07/07/2024 to 07/20/2024, the facility was deficient in CNA staffing for residents on 7 of 14 day shifts as follows:</p> <p>-07/07/24 had 16 CNAs for 157 residents on the day shift, required at least 20 CNAs.</p> <p>-07/13/24 had 18 CNAs for 156 residents on the day shift, required at least 19 CNAs.</p> <p>-07/14/24 had 17 CNAs for 156 residents on the day shift, required at least 19 CNA.</p> <p>-07/15/24 had 19 CNAs for 159 residents on the day shift, required at least 20 CNAs.</p> <p>-07/16/24 had 18 CNAs for 159 residents on the day shift, required at least 20 CNAs.</p> <p>-07/18/24 had 19 CNAs for 159 residents on the day shift, required at least 20 CNAs.</p> <p>-07/20/24 had 16 CNAs for 159 residents on the day shift, required at least 20 CNAs.</p> <p>7. For the week of Complaint staffing from 08/11/2024 to 08/17/2024, the facility was deficient in CNA staffing for residents on 4 of 7</p>	S 560	<p>changes made as needed to improve facility ratios.</p> <p>Responsibility: Administrator, Director of Nursing, Staffing Coordinator and Human Resource Director.</p>	

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S 560	<p>Continued From page 4</p> <p>day shifts as follows:</p> <p>-08/11/24 had 15 CNAs for 165 residents on the day shift, required at least 21 CNAs.</p> <p>-08/13/24 had 17 CNAs for 162 residents on the day shift, required at least 20 CNAs.</p> <p>-08/16/24 had 19 CNAs for 162 residents on the day shift, required at least 20 CNAs.</p> <p>-08/17/24 had 18 CNAs for 166 residents on the day shift, required at least 21 CNAs.</p> <p>8. For the week of Complaint staffing from 09/08/2024 to 09/14/2024, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows:</p> <p>-09/08/24 had 15 CNAs for 159 residents on the day shift, required at least 20 CNAs.</p> <p>-09/09/24 had 18 CNAs for 158 residents on the day shift, required at least 20 CNAs.</p> <p>-09/10/24 had 17 CNAs for 158 residents on the day shift, required at least 20 CNAs.</p> <p>-09/11/24 had 17 CNAs for 158 residents on the day shift, required at least 20 CNAs.</p> <p>-09/13/24 had 19 CNAs for 162 residents on the day shift, required at least 20 CNAs.</p> <p>-09/14/24 had 18 CNAs for 162 residents on the day shift, required at least 20 CNAs.</p> <p>9. For the 2 weeks of staffing prior to survey from 09/29/2024 to 10/12/2024, the facility was deficient in CNA staffing for residents on 11 of 14 day shifts as follows:</p> <p>-09/29/24 had 12 CNAs for 158 residents on the day shift, required at least 20 CNAs.</p> <p>-09/30/24 had 18 CNAs for 155 residents on the day shift, required at least 19 CNAs.</p> <p>-10/01/24 had 17 CNAs for 155 residents on the day shift, required at least 19 CNAs.</p>	S 560		

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S 560	Continued From page 5 -10/03/24 had 11 CNAs for 155 residents on the day shift, required at least 19 CNAs. -10/04/24 had 17 CNAs for 155 residents on the day shift, required at least 19 CNAs. -10/05/24 had 17 CNAs for 155 residents on the day shift, required at least 19 CNAs. -10/06/24 had 16 CNAs for 155 residents on the day shift, required at least 19 CNAs. -10/07/24 had 17 CNAs for 155 residents on the day shift, required at least 19 CNAs. -10/08/24 had 17 CNAs for 154 residents on the day shift, required at least 19 CNAs. -10/11/24 had 18 CNAs for 154 residents on the day shift, required at least 19 CNAs. -10/12/24 had 17 CNAs for 154 residents on the day shift, required at least 19 CNAs.	S 560			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315359	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/6/2024
NAME OF FACILITY ALLIANCE CARE REHABILITATION AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 155 40TH STREET IRVINGTON, NJ 07111	

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 F0582	Correction	ID Prefix F0600	Correction	ID Prefix F0610	Correction
Reg. # 483.10(g)(17)(18)(i)-(v)	Completed	Reg. # 483.12(a)(1)	Completed	Reg. # 483.12(c)(2)-(4)	Completed
LSC	10/31/2024	LSC	11/21/2024	LSC	11/30/2024
ID Prefix F0693	Correction	ID Prefix F0755	Correction	ID Prefix F0759	Correction
Reg. # 483.25(g)(4)(5)	Completed	Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # 483.45(f)(1)	Completed
LSC	11/21/2024	LSC	11/30/2024	LSC	11/21/2024
ID Prefix F0880	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/21/2024	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	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 10/17/2024		<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 060736	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/6/2024
NAME OF FACILITY ALLIANCE CARE REHABILITATION AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 155 40TH STREET IRVINGTON, NJ 07111	

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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	11/21/2024	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 10/17/2024		<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 060736	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/6/2024
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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	11/21/2024	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 10/17/2024		<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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315359	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER ALLIANCE CARE REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 155 40TH STREET IRVINGTON, NJ 07111		
(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
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 10/16/24. 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 10/16/24 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. Alliance Care Rehabilitation and Nursing Center is a four-story building constructed in 1993. It is composed of Type II (111) construction and is divided into 10 smoke compartments. The facility has a complete automatic wet sprinkler system with an electric fire pump. The diesel generator powers 60% of the building. The number of occupied beds was 135 out of 201. The facility had 11 ventilator beds.	K 000			
K 222 SS=F	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking	K 222			11/4/24

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

TITLE

(X6) DATE

Electronically Signed

11/06/2024

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 222	<p>Continued From page 1</p> <p>arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING</p> <p>Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.</p> <p>18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6</p> <p>SPECIAL NEEDS LOCKING ARRANGEMENTS</p> <p>Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4</p> <p>DELAYED-EGRESS LOCKING ARRANGEMENTS</p> <p>Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4</p> <p>ACCESS-CONTROLLED EGRESS LOCKING</p>	K 222			

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K 222	<p>Continued From page 2</p> <p>ARRANGEMENTS</p> <p>Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.</p> <p>18.2.2.2.4, 19.2.2.2.4</p> <p>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</p> <p>Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to meet the delayed egress locking requirements of NFPA 101 Life Safety Code (2012 Edition) Sections 19.2.2.2.4 and 7.2.1.6.1.1. This deficient practice had the potential to affect staff and 50 residents.</p> <p>Findings include:</p> <p>Observation on 10/16/24 at 2:30 PM of the designated exit door for the exit passageway for the rear stairwell located near resident room 122 revealed the delayed-egress lock failed to release after 15 seconds when pressure was applied to the door. Signage on the door indicated the locks would unlock 15 seconds after pressure was applied and that an alarm would sound.</p> <p>During an interview at the time of the observation, the US FOIA (b)(6) confirmed the finding and stated the facility was unaware the delayed egress locks were not functioning.</p>	K 222	<p>K222</p> <p>Egress Doors</p> <p>Corrective Actions</p> <p>The facility will evaluate and make functional the delayed egress locking arrangement on the rear stairwell door located near resident room 122 ensuring door releases after 15 seconds when pressure is applied.</p> <p>Identification of Others Potentially Affected</p> <p>The Maintenance Director, or designee, will perform a facility-wide assessment of the other egress doors with a delayed egress locking arrangement to ensure proper functionality.</p> <p>The facility acknowledges all residents could be potentially affected by this condition.</p>		

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K 222	Continued From page 3 NJAC 8:39-31.1(c), 31.2(e)	K 222	<p>Systemic Changes</p> <p>The Maintenance Director will perform documented weekly testing X 4 weeks of all facility egress doors with delayed egress locking arrangements to ensure proper functionality. Testing will continue monthly thereafter on an ongoing basis as part of the facility's life safety program.</p> <p>Quality Assurance</p> <p>Results of the weekly and monthly audits will be presented at the monthly QA meetings X 3 months.</p> <p>Responsible Party and Date of Correction</p> <p>The Maintenance director/Administrator/designee. is responsible for the oversight of this process.</p> <p>Completion Date 11/4/2024</p>		
K 227 SS=F	<p>Ramps and Other Exits</p> <p>CFR(s): NFPA 101</p> <p>Ramps and Other Exits</p> <p>Ramps, exit passageways, fire and slide escapes, alternating tread devices, and areas of refuge are in accordance with the provisions 7.2.5 through 7.2.12.</p> <p>18.2.2.6 to 18.2.2.10 or 19.2.2.6 to 19.2.2.10</p>	K 227		11/15/24	

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NAME OF PROVIDER OR SUPPLIER ALLIANCE CARE REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 155 40TH STREET IRVINGTON, NJ 07111		
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K 227	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interview, the facility failed to meet the exit passageways requirements of NFPA 101 Life Safety Code (2012 Edition) Sections 19.2.1, 19.2.2.7, and 7.2.3.6. This deficient practice had the potential to affect staff and 34 of the residents.</p> <p>Findings include:</p> <p>Observations on 10/16/24 at 4:10 PM of the designated exit stairwell at the front of the building discharged through the Receipt Area for floors 2, 3, and 4 of the facility, through the main entrance to the building revealed one pair of the 1.5-hour fire rated doors. These doors were observed with panic hardware, not the required fire hardware.</p> <p>During an interview at the time of the observation, the US FOIA (b)(6) confirmed the findings and stated the facility was unaware that the wrong type of hardware was installed on the pair of doors.</p> <p>NJAC 8:39-31.2(e) NFPA 80</p>	K 227	<p>K227 Ramps and Other Exits</p> <p>Corrective Actions</p> <p>The 1.5-hour fire rated doors, adjacent to the main lobby reception area, will have their panic hardware replaced with fire exit hardware.</p> <p>Identification of Others Potentially Affected</p> <p>The Maintenance Director, or designee, will perform a facility wide assessment to ensure that all fire rated doors with the push bar style of hardware currently installed are equipped with fire exit hardware.</p> <p>The facility acknowledges all residents could be potentially affected by this condition, but respectfully submits that no residents were affected.</p> <p>Systemic Changes</p> <p>The Maintenance Director will perform documented weekly audits X 4 weeks of all fire rated doors with the push bar style of hardware installed to ensure they are equipped with fire exit hardware. Audits will continue annually thereafter on an ongoing basis as part of the facility's life safety program.</p> <p>Quality Assurance</p>		

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NAME OF PROVIDER OR SUPPLIER ALLIANCE CARE REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 155 40TH STREET IRVINGTON, NJ 07111		
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K 227	Continued From page 5	K 227	Results of the weekly audits will be presented at the monthly QA meeting. If substantial compliance is not met after 4 weeks, audits will continue weekly until substantial compliance is met. Responsible Party and Date of Correction The Maintenance director/Administrator/designee Completion Date 11/15/2024	11/15/24	
K 271 SS=F	<p>Discharge from Exits CFR(s): NFPA 101</p> <p>Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain means of egress as required by NFPA 101 Life Safety Code (2012 Edition), Section 7. This deficient practice had the potential to affect staff and 68 residents.</p> <p>Findings include:</p> <p>Observations on 10/16/24 at 10:00 AM and 1:45 PM of the exit discharge did not have a guard rail on the landing for the exterior stair which exceeded 30-inches from the finished ground level below.</p>	K 271	<p>K271 Discharge from Exits</p> <p>Corrective Actions</p> <p>The following corrective actions will occur on or before 11/17/2024:</p> <p>A. A guardrail will be added to the landing for the exterior stair where it exceeds 30-inches from the finished ground level below.</p> <p>B. Obstruction will be removed from the</p>		

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K 271	<p>Continued From page 6</p> <p>During an interview at the time of the observation, the US FOIA (b)(6) confirmed the finding and revealed the facility was unaware of the deficient practice.</p> <p>An observation on 10/16/24 at 2:40 PM of the exit discharge for the stairwell, located at the kitchen loading dock, revealed the exit path from the building to the public way was obstructed by the generator, an electrical transformer, and trash containers.</p> <p>During an interview at the time of the observation, the US FOIA (b)(6) confirmed the finding and revealed the facility was unaware of the deficient practice.</p> <p>NJAC 8:39-31.2(e)</p>	K 271	<p>exit discharge for the stairwell at the kitchen loading dock Ensuring compliance as per NFPA 101 19.2.7.</p> <p>Identification of Others Potentially Affected</p> <p>A. The facility has no other exit discharges that are greater than 30-inches from the finished ground, so no further evaluation is needed.</p> <p>B. All other facility exit discharges are unobstructed and ready for full and immediate use to the public way, so no further evaluation is needed.</p> <p>The facility acknowledges all residents could be potentially affected by this condition, but respectfully submits that no residents were affected.</p> <p>Systemic Changes</p> <p>A. The Maintenance Director will perform documented weekly audits X 4 weeks of the landing to the exterior stairwell to ensure the guardrail remains in place.</p> <p>B. The Maintenance Director will perform documented weekly audits X 4 weeks of all facility exit discharges to ensure they remain unobstructed and ready for full and immediate use to the public way.</p> <p>Quality Assurance</p> <p>Results of the weekly audits will be presented at the monthly QA meeting. If substantial compliance is not met after 4</p>		

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K 271	Continued From page 7	K 271	weeks, audits will continue weekly until substantial compliance is met. Responsible Party and Date of Correction		
K 363 SS=F	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In	K 363	The Maintenance director/Administrator/designee Completion Date 11/15/2024	11/15/24	

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315359	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER ALLIANCE CARE REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 155 40TH STREET IRVINGTON, NJ 07111		
(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 363	<p>Continued From page 8</p> <p>sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interview, the facility failed to ensure corridor doors closed and latched into the frame without impediment and were constructed to resist the passage of smoke in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 19.3.6.3. This deficient practice had the potential to affect 135 residents.</p> <p>Findings include:</p> <p>An observation on 10/16/24 at 2:35 PM revealed the corridor door of room 127 failed to latch into the door frame when closed.</p> <p>Observations on 10/16/24 at 3:30 PM, 3:50 PM, and 4:05 PM revealed the pair of corridor doors to the resident dining rooms on floors 2, 3, and 4 did not latch securely in the door frames when closed.</p> <p>Observations on 10/16/24 at 3:35 PM, 3:40 PM, and 4:10 PM revealed Soiled Linen Rooms on floors 2, 3, and 4 did not have latching hardware on the doors. (Magnetic locking devices were used instead.)</p> <p>During an interview at the time of the observations, the US FOIA (b)(6)</p>	K 363	<p>K363 Corridor - Doors</p> <p>Corrective Actions</p> <p>The following corridor doors will be evaluated and made to positively latch on or before 11/17/2024:</p> <p>A. Door to resident room 127. B. Second floor dining room doors. C. Third floor dining room doors. D. Fourth floor dining room doors. E. Second floor soiled linen room doors. F. Third floor soiled linen room doors. G. Fourth floor soiled linen room doors.</p> <p>Identification of Others Potentially Affected</p> <p>The Maintenance Director, or designee, will perform a facility wide assessment to ensure that all corridor doors positively latch.</p> <p>The facility acknowledges all residents could be potentially affected by this condition, but respectfully submits that no residents were affected.</p>		

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

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K 363	Continued From page 9 confirmed the findings and stated the facility was unaware the doors were not closing and latching prior to the survey. NJAC 8:39-31.2(e)	K 363	<p>Systemic Changes</p> <p>The Maintenance Director will perform documented monthly audits X 3 months of all corridor doors to ensure positive latching. Audits will continue annually thereafter on an ongoing basis as part of the facility's life safety program.</p> <p>Quality Assurance</p> <p>Results of the monthly audits will be presented at the monthly QA meeting X 3 months. If substantial compliance is not met after 3 months, audits will continue monthly until substantial compliance is met.</p> <p>Responsible Party and Date of Correction</p> <p>The Maintenance director/Administrator/designee Completion Date 11/15/2024</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315359	MULTIPLE CONSTRUCTION A. Building 02 - CHANCELLOR B. Wing	DATE OF REVISIT 12/6/2024
NAME OF FACILITY ALLIANCE CARE REHABILITATION AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 155 40TH STREET IRVINGTON, NJ 07111	

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	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/04/2024	LSC	11/15/2024	LSC	11/15/2024
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/15/2024	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	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 10/17/2024		<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			