

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

PRINTED: 09/08/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315300</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/15/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALARIS HEALTH AT HAMILTON PARK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>525 MONMOUTH STREET</b> <b>JERSEY CITY, NJ 07302</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  Complaint #: NJ161241  Census: 145  Sample Size: 4  The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000			
F 660 SS=D	Discharge Planning Process CFR(s): 483.21(c)(1)(i)-(ix)  §483.21(c)(1) Discharge Planning Process The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions. The facility's discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and- (i) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident. (ii) Include regular re-evaluation of residents to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes. (iii) Involve the interdisciplinary team, as defined by §483.21(b)(2)(ii), in the ongoing process of developing the discharge plan. (iv) Consider caregiver/support person availability and the resident's or caregiver's/support person(s) capacity and capability to perform	F 660		4/3/23	

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

TITLE

(X6) DATE

Electronically Signed

03/31/2023

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 660	Continued From page 1 required care, as part of the identification of discharge needs. (v) Involve the resident and resident representative in the development of the discharge plan and inform the resident and resident representative of the final plan. (vi) Address the resident's goals of care and treatment preferences. (vii) Document that a resident has been asked about their interest in receiving information regarding returning to the community. (A) If the resident indicates an interest in returning to the community, the facility must document any referrals to local contact agencies or other appropriate entities made for this purpose. (B) Facilities must update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities. (C) If discharge to the community is determined to not be feasible, the facility must document who made the determination and why. (viii) For residents who are transferred to another SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute care provider by using data that includes, but is not limited to SNF, HHA, IRF, or LTCH standardized patient assessment data, data on quality measures, and data on resource use to the extent the data is available. The facility must ensure that the post-acute care standardized patient assessment data, data on quality measures, and data on resource use is relevant and applicable to the resident's goals of care and treatment preferences. (ix) Document, complete on a timely basis based	F 660			

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F 660	<p>Continued From page 2</p> <p>on the resident's needs, and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan. The results of the evaluation must be discussed with the resident or resident's representative. All relevant resident information must be incorporated into the discharge plan to facilitate its implementation and to avoid unnecessary delays in the resident's discharge or transfer.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ10061241</p> <p>Based on interviews, review of the medical records (MR), and other pertinent facility documentation on 2/14/23 and 2/15/23, it was determined that the facility failed to implement an effective discharge plan for a resident who required a Home Health Agency (HHA) visit and durable medical equipment (DME) delivered to home after discharge for 1 of 4 residents (Resident #1) reviewed for discharge planning. This deficient practice was evidenced by:</p> <p>Reference: The Centers for Medicare and Medicaid Services (CMS) Resident Assessment Instrument (RAI) Version 3.0 Manual Section Q Participation in Assessment and Goal Setting reflected "Q0600: Referral...Code 2, Yes - referral made; if referral was made to the local contact agency. For example, the resident responded yes to Q0500B. The facility care planning team was notified and initiated contact with the local contact agency... DEFINITION DESIGNATED LOCAL CONTACT AGENCY (LCA) Each state has community contact agencies that can provide individuals with information about community living options and available supports and services. These local contact agencies may be a</p>	F 660	<p>Corrective action for the residents affected by the alleged deficient practice: Resident was discharged from facility and not available for further interventions. All upcoming discharges were reviewed to ensure home care and DME were set up. All short-term residents have the potential to be affected.</p> <p>The administrator re-educated the social worker to document and communicate any changes in the discharge plan to the IDT and attending physician prior to discharge. The Regional Rehab Consultant re-educated the rehab staff to follow-up with DME suppliers to ensure discharged residents receive ordered DME. The facility began utilizing an alternative home DME provider that will reduce DME delivery barriers. The administrator will audit 5 discharge plans a week to ensure home care services and DME are confirmed prior to discharge or proper communication and documentation of variances to discharge plan. Then every other week for 30 days; then monthly for 6 months.</p> <p>Results of all audits will be discussed at the facility's QA Committee quarterly</p>		

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F 660	<p>Continued From page 3</p> <p>single entry point agency, an Aging and Disability Resource Center (ADRC), an Area Agency on Aging (AAA), a Center for Independent Living (CIL), or other state designated entities."</p> <p>Review of the facility policy titled "Rehab Participation in DC [discharge]", dated 1/2023, indicated that "...4.4 Equipment or supplies needed ...Confirmation will be obtained from vendor that order was received...If there are issues with the order, rehab department can loan equipment to the patient while waiting for delivery or contact another vendor who can provide the equipment in a timely manner..."</p> <p>Review of the facility policy titled "Discharge Policy", dated 1/2023, indicated "...When a resident's discharge is anticipated, a discharge plan and instructions will be developed to assist the resident to adjust to his/her new living environment..."</p> <p>1. According to the Admission Record (AR), Resident #1 was admitted to the facility on <b>EX. Order 26.(4) B1</b> with diagnosis which included but were not limited to <b>EX. Order 26.(4) B1</b>. The AR revealed that Resident #1 was discharged from the facility to home on <b>EX. Order 26.(4) B1</b></p> <p>According to the Minimum Data Set (MDS), an assessment tool dated <b>EX. Order 26.(4) B1</b> Resident #1 had a Brief Interview of Mental Status (BIMS) score of <b>EX. Order 26</b> which indicated the resident's cognition was <b>EX. Order 26</b> and the resident required extensive assistance with one-person physical assistance with most Activities of Daily Living (ADLs). The MDS further indicated that an active discharge plan was already occurring for the resident to</p>	F 660	meetings for review.	

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F 660	<p>Continued From page 4</p> <p>return to the community and a referral was made to a LCA.</p> <p>The Order Summary Report, dated [REDACTED] revealed a Physician order for discharge to home on [REDACTED].</p> <p>The Care Plan (CP), initiated on [REDACTED] and revised on [REDACTED], revealed that Resident #1 wished to return to his/her home. Interventions included but not were limited to: Establish a pre-discharge plan, evaluate progress and revise plan as needed (PRN), make arrangements with required community resources to support independence after discharge, such as home care and physical and occupational therapy, provide needed assistance with community services upon discharge to community, and provide needed assistance with community services upon discharge to the community.</p> <p>A review of a facility progress notes (PN), dated [REDACTED] at 3:29 pm, the Licensed Practical Nurse (LPN #1) documented that Resident #1 was informed that he/she was scheduled for discharge on [REDACTED].</p> <p>A review of the facility PN, dated [REDACTED] at 7:09 pm, the Social Worker (SW) documented that on [REDACTED], Resident #1 will be discharged from his/her insurance. The SW further documented that referral will be made to a HHA.</p> <p>A review of the "Discharge Instructions" (DI), dated [REDACTED], revealed that Resident #1 will be discharged on [REDACTED] and would have HHA with Visiting Nurse Agency to start on [REDACTED]. The DI further revealed that the resident's equipment was ordered and will be delivered to his/her home</p>	F 660			

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F 660	<p>Continued From page 5 with estimated time of arrival (ETA) on [REDACTED].</p> <p>Review of the "Physical Therapy Discharge Summary (PTDS)", dated [REDACTED] at 10:40 am, documented by the Director of the Rehabilitation (DR), revealed a discharge recommendation for HHA and a [REDACTED] and a [REDACTED] was ordered.</p> <p>A review of the nursing discharge summary dated [REDACTED] included a recommendation from rehabilitation department for homecare therapy on discharge.</p> <p>An interview was conducted with the SW on 2/14/23 at 10:55 am to 2:08 pm and 2/15/23 at 12:49 pm. The surveyor asked the SW the process of "organized discharge planning" as indicated on the SW job description (JD). The SW explained that discharge planning starts at admission. The SW had to do the following which were included but not limited to: Ensure the SW complete social service assessment, BIMS, Depression if applicable, MDS, and CP. He further explained that CP had to be initiated from the day of admission or the following day to make sure that discharge planning is in place. The SW stated that having a CP in place would give a better understanding of how to plan for resident's future discharge. He further stated that when resident is ready for a discharge, the SW would arrange for transportation, make sure that the prescription is faxed to the pharmacy, make recommendations, and send referrals to HHAs. The SW would call and make sure that the HHA received the referrals and would get a confirmation indicating that the resident is accepted for a HHA.</p>	F 660			

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F 660	<p>Continued From page 6</p> <p>Additionally, the SW explained that Resident #1 was referred to four HHAs on [REDACTED] and [REDACTED] however, Resident #1 was not accepted by those four HHAs because of safety reasons and the HHAs were not covered by his/her insurance. The SW confirmed that he was aware that there was no HHA in place prior to Resident #1's discharge from the facility to the community. The SW further confirmed that he did not communicate this to the nursing department, the resident's primary physician (PP), Ombudsman, or the Adult Protected Service for further assistance.</p> <p>Review of the PNs revealed no documented evidence that nurses, the PP, and/or Resident #1 were made aware that there was no HHA services in place when Resident #1 was discharged to the community on [REDACTED]. The SW was unable to explain why there was no documentation in Resident #1's medical record.</p> <p>The surveyor conducted an interview with the DR on 2/14/23 from 11:43 am to 12:56 pm and on 2/15/23 at 2:08 pm. The DR explained that when a resident is ready for discharge, the rehabilitation department (RD) orders the DME and follows up with the orders to make sure that the recommended DME is ready when the resident goes home. The DR stated that Resident #1's DME was ordered on [REDACTED], and it was not delivered to the resident's home because the resident did not answer the phone from [REDACTED] through [REDACTED]. The DR confirmed that he did not call the supply company to make sure that the order was delivered because he "assumed" there was no problem because the supply company did not call him which was not according to their protocol.</p>	F 660			

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F 660	Continued From page 7  The surveyor conducted an interview with LPN #2, the nurse who discharge resident #1 on [REDACTED]. LPN # 1 confirmed that resident #1 was discharged on [REDACTED] to the community and he was not aware that the resident did not have HHA services in place.  Review of the facility SW job description, undated, indicated "...Coordinates discharge planning and assists with the creation of an organized discharge plan on all residents ...Ensures that residents and families receive the highest quality of service in a caring and compassionate atmosphere which recognizes the individuals' needs and rights..."  NJAC 8:39-39.4(f)	F 660			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315300	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 4/4/2023	Y3
NAME OF FACILITY ALARIS HEALTH AT HAMILTON PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 525 MONMOUTH STREET JERSEY CITY, NJ 07302		

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 F0660	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.21(c)(1)(i)-(ix)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	04/03/2023	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 _____	
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LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 2/15/2023

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