

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

PRINTED: 01/29/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/16/2023
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NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT HAMILTON PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 525 MONMOUTH STREET JERSEY CITY, NJ 07302
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>Complaint #: NJ165422</p> <p>Census: 154</p> <p>Sample Size: 4</p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/05/2023
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060906	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/16/2023
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NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT HAMILTON PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 525 MONMOUTH STREET JERSEY CITY, NJ 07302
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S 000	Initial Comments Complaint#: NJ#165422 CENSUS: 154 SAMPLE SIZE: 4 The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	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: Complaint # NJ#165422 Based on interview and review of pertinent facility documentation on 11/16/23, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios as mandated by the State of New Jersey. This was evident for 2 out of 14 day shifts reviewed. Findings include:	S 560	1. The Director of Nursing (DON) will review next-day nurse staffing with the Staffing Coordinator (SC) to ensure compliance with the mandated staff-to resident ratios. The facility additionally secured contracts with nursing personnel agencies, has hired a nurse personnel recruiter and posted nurse personnel job advertisements on the internet. 2. All residents have the potential to be	12/8/23

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

Electronically Signed

TITLE

(X6) DATE

12/05/23

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>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 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>The surveyor requested staffing for the weeks of 10/22/23 to 10/28/23 and 10/29/23 to 11/04/23.</p> <p>As per the "Nurse Staffing Report," completed by the facility for the weeks of 06/25/2023 to 07/08/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-06/25/23 had 14 CNAs for 156 residents on the day shift, required at least 19 CNAs. -06/26/23 had 12 CNAs for 156 residents on the day shift, required at least 19 CNAs. -06/27/23 had 16 CNAs for 155 residents on the</p>	S 560	<p>affected.</p> <p>3. The staffing coordinator was educated on the minimum staff-to-resident ratios and its alignment to the facility census by the Administrator. The facility is actively recruiting and hiring certified nurse aides, posts job advertisements and additionally contracts nursing personnel agencies to ensure the deficient practice will not recur.</p> <p>4. The DON will review daily reports of nurse staff-to-resident ratios to the Administrator and, will additionally provide monthly staff-to-resident ratio reports to the Quality Assurance (QA) committee. The QA committee will review each monthly report, monitor the reports for staffing compliance and determine the need for continued monitoring after a period of six months</p>	
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S 560	<p>Continued From page 2</p> <p>day shift, required at least 19 CNAs. -06/28/23 had 16 CNAs for 155 residents on the day shift, required at least 19 CNAs. -06/29/23 had 16 CNAs for 155 residents on the day shift, required at least 19 CNAs. -06/30/23 had 14 CNAs for 155 residents on the day shift, required at least 19 CNAs. -07/01/23 had 17 CNAs for 155 residents on the day shift, required at least 19 CNAs.</p> <p>-07/02/23 had 14 CNAs for 154 residents on the day shift, required at least 19 CNAs. -07/03/23 had 16 CNAs for 151 residents on the day shift, required at least 19 CNAs. -07/04/23 had 16 CNAs for 151 residents on the day shift, required at least 19 CNAs. -07/05/23 had 16 CNAs for 149 residents on the day shift, required at least 19 CNAs. -07/06/23 had 14 CNAs for 148 residents on the day shift, required at least 18 CNAs. -07/07/23 had 13 CNAs for 148 residents on the day shift, required at least 18 CNAs. -07/08/23 had 16 CNAs for 145 residents on the day shift, required at least 18 CNAs.</p> <p>As per the "Nurse Staffing Report," completed by the facility for the weeks of 10/29/2023 to 11/11/2023, the facility was deficient in CNA staffing on 12 of 14 day shifts as follows:</p> <p>-10/29/23 had 16 CNAs for 151 residents on the day shift, required at least 19 CNAs. -10/30/23 had 14 CNAs for 151 residents on the day shift, required at least 19 CNAs. -10/31/23 had 18 CNAs for 149 residents on the day shift, required at least 19 CNAs. -11/03/23 had 17 CNAs for 148 residents on the day shift, required at least 18 CNAs. -11/04/23 had 15 CNAs for 148 residents on the day shift, required at least 18 CNAs.</p>	S 560		

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S 560	Continued From page 3 -11/05/23 had 14 CNAs for 153 residents on the day shift, required at least 19 CNAs. -11/06/23 had 17 CNAs for 153 residents on the day shift, required at least 19 CNAs. -11/07/23 had 17 CNAs for 153 residents on the day shift, required at least 19 CNAs. -11/08/23 had 17 CNAs for 153 residents on the day shift, required at least 19 CNAs. -11/09/23 had 18 CNAs for 153 residents on the day shift, required at least 19 CNAs. -11/10/23 had 15 CNAs for 147 residents on the day shift, required at least 18 CNAs. -11/11/23 had 17 CNAs for 147 residents on the day shift, required at least 18 CNAs.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060906	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/18/2023
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 State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	12/08/2023	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 _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/16/2023		<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		