

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

PRINTED: 09/22/2021
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 04/13/2021
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT HAMILTON PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 525 MONMOUTH STREET JERSEY CITY, NJ 07302		
(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 Standard Survey: 4/13/21 Census: 129 Sample Size: 29 The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.	F 000			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to follow a physician's order for monitoring a resident's blood glucose. This deficient practice was noted for [redacted] residents observed for blood glucose monitoring, Resident [redacted]. The deficient practice was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health	F 658	1. The Licensed Practical Nurse (LPN) with the deficient practice on 4/8/2021 was removed off the schedule until 4/16/2021 when he passed a medication pass observation. Re-education with all Registered Nurses (RN) and LPNs on following Physician's Orders and following medication cautionary labels was conducted on 4/9/2021, 4/10/2021, and 4/11/2021. 2. All residents in the facility that are diabetic have the potential to be affected. 3. Re-education with all Registered Nurses (RN) and LPNs on following Physician's Orders and following	4/16/21	

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

TITLE

(X6) DATE

Electronically Signed

04/23/2021

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

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F 658	<p>Continued From page 1</p> <p>counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>On 4/8/21 at 8:35 AM, the surveyor observed the Licensed Practical Nurse (LPN) obtain a blood sugar reading via a finger stick for Resident [redacted]. The surveyor confirmed with the LPN and the resident that the resident had already eaten breakfast. The breakfast tray was not in the room. The trays had been collected. The [redacted] Executive Order 26, 4.b.]. The LPN then Executive Order 26, 4.b. [redacted].</p> <p>In addition to the sliding [redacted] Executive Order 26, 4.b.], the resident received [redacted] Executive Order 26, 4.b. as a standing order to be administered at 7:30 AM daily.</p> <p>On 4/8/21 at 8:45 AM, the surveyor asked the LPN if he usually checked residents blood sugar at that time, after eating? The LPN stated, "Yes. Usually before they eat but unfortunately for [this resident] I couldn't. I try to do it as fast as I can but I couldn't today. I started on the other side so by the time I got here [the resident] already ate."</p> <p>On 4/8/21 at 9:35 AM, the surveyor interviewed the Pharmacy Consultant (PC). The surveyor asked about the LPN checking the residents blood sugar after the resident ate and basing the amount of insulin to administer on that blood sugar reading. The PC stated "When blood sugars are checked it is usually before the meal and coverage is shortly there after. If the nurse can't get to it before the meal then the nurse should call the physician to see what they want the nurse to do."</p>	F 658	<p>medication cautionary labels was conducted on 4/9/2021, 4/10/2021, and 4/11/2021.</p> <p>The LPN with the deficient practice will be randomly observed passing medications by the DON or designee twice a month for three months and annually thereafter. In addition, five other nurses will be randomly observed passing medications by the DON/designee a month for three months and annually afterwards.</p> <p>4. Director of Nursing (DON)/Designee will audit all residents on blood glucose monitoring to ensure Physician's Orders and cautionary are being followed by the all RNs and LPNs twice a month for three months.</p> <p>Re-education with all RNs/LPNs by the DON/designee on following Physician's Orders and following medication cautionary labels will continue for three months and as needed.</p> <p>The LPN with the deficient practice will be randomly observed passing medications by the DON or designee twice a month for three months and annually thereafter. In addition, five other nurses will be randomly observed passing medications by the DON/designee a month for three months and annually afterwards.</p> <p>All findings will be reported to the Administrator and DON. As well as presented to the QAPI meeting quarterly.</p>		

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F 658	<p>Continued From page 2</p> <p>On 4/8/21 at 9:41 AM, the surveyor spoke with the Unit Manager/Registered Nurse (UM/RN) and asked when the nurses should be checking the resident's blood sugars. The UM/RN stated "It depends on the time and on the orders. It should be done before the meal." The surveyor asked the UM/RN if this has ever happened before where the nurse checked a resident's blood sugar reading after the resident ate and gave insulin based on that reading. The UM/RN said that has never happened before and that is why she called the doctor.</p> <p>On 4/8/21 11:00 AM, the surveyor reviewed the medical record of Resident # [REDACTED] which revealed the following:</p> <p>A current physician's order that read; ^{Executive Order 26, 4.b.} [REDACTED] ^{Executive Order 26, 4.b.} [REDACTED] ^{Executive Order 26, 4.b.} [REDACTED] ^{Executive Order 26, 4.b.} [REDACTED] ^{Executive Order 26, 4.b.} [REDACTED] ^{Executive Order 26, 4.b.} [REDACTED] 2</p> <p>The specific time to be done was 7:30 AM. The order was dated 3/18/21.</p> <p>The ^{Executive Order 26, 4.b.} Record indicated that the resident was ^{Executive Order 26, 4.b.} [REDACTED]</p> <p>The Brief Interview for Mental Status score on the most recent Minimum Data Set assessment dated 2/21/21, indicated that the resident scored a ^{Executive Order 26, 4.b.} [REDACTED] which indicated the resident</p>	F 658		

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F 658	<p>Continued From page 3 Executive Order 26, 4.b.</p> <p>On 4/8/21 at 11:40 AM, the surveyor interviewed the resident's doctor. The doctor explained that she saw the resident that morning after being called by the UM/RN when the resident's blood sugar was checked after breakfast. The doctor agreed that it was important for the nurse to follow the physician's order when checking the residents glucose level.</p> <p>On 4/8/21 at 1:05 PM, the surveyor spoke with the Director of Nursing (DON) about the nurse checking the resident's blood sugar after the resident ate and administering insulin based on that reading. The DON stated "It's a standard of practice that they have to go by the time it is ordered to be done." The surveyor asked the DON if the nurse should have been checking the blood sugar reading after the resident had eaten. The DON stated "No. It has to be done before."</p> <p>On 4/9/21 at 9:00 AM, the surveyor reviewed the facility's policy and procedure titled "Blood Glucose Monitoring" which read: "Diabetic Residents will have blood glucose levels measured by finger stick, using a portable blood glucose meter, according to Physician's ordered schedule."</p> <p>NJAC-8:39-27.1 (a)</p>	F 658			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315300	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 6/4/2021	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 F0658	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	04/16/2021	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 4/13/2021

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