

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 03/13/2025
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 Complaint #'s: NJ00165501, NJ00166244, NJ00166426, NJ00168056, NJ168240, NJ00182139, NJ00183846, NJ00183944 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey. Survey Date: 3/7/25-3/13/25 Census:168	F 000			
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: REPEAT DEFICIENCY Based on interviews and record reviews, it was determined that the facility failed to accurately code the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, in accordance with federal guidelines for 1 of 33 residents (Residents #32) reviewed for accuracy of MDS coding. This deficient practice was evidenced by the following: On 3/7/25 at 9:58 AM, the surveyor observed Resident #32 in bed awake, NJ Ex Order 26.4b1 the	F 641	1. The MDS Coordinator immediately corrected Resident #32's MDS assessment to accurately reflect the use of NJ Ex Order 26.4b1 as of the assessment reference date (ARD). A full audit of all residents currently prescribed antipsychotic medications was conducted to identify any similar documentation errors. Any discrepancies were promptly corrected. 2. All residents have the potential to be affected.	4/18/25	

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

TITLE

(X6) DATE

Electronically Signed

04/04/2025

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 641	<p>Continued From page 1 surveyor's inquiry.</p> <p>On 3/12/25 at 8:25 AM, the surveyor reviewed the electronic Medical Record (eMR)/ hybrid medical record (paper and electronic) of Resident #32, which revealed the following:</p> <p>A review of the Admission Record (an admission summary) (AR) reflected that Resident #32 was admitted with diagnoses that included but were not limited to NJ Ex Order 26.4b1 [REDACTED]</p> <p>A review of the recent Annual MDS (A/MDS), with an assessment reference date (ARD) (the last day of the observation period) of [REDACTED], indicated that the facility assessed the residents' cognitive status using a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of 15, which indicated that the resident was [REDACTED] in cognition. Further review of the A/MDS and quarterly MDS (Q/MDS) dated [REDACTED] revealed that both assessments in Section [REDACTED] Review revealed that [REDACTED]</p> <p>A review of the Order Summary Report (OSR) with an active order as of [REDACTED] revealed an order of [REDACTED] mg (milligram) by mouth at bedtime related to [REDACTED] with an order date of [REDACTED]</p> <p>A review of the electronic Medication Administration Record (eMAR) in [REDACTED] revealed that the above order was signed as given by the nurses from [REDACTED] at 9:00</p>	F 641	<p>3. The MDS Coordinator conducted a facility-wide audit of all MDS assessments from the past 90 days to verify the accuracy of psychotropic medication coding. Any additional residents identified with incorrect MDS documentation had their assessments corrected immediately.</p> <p>Nursing and MDS teams will review medication administration records (eMAR) during MDS completion to ensure accurate coding.</p> <p>The MDS Director/designee provided [REDACTED] mandatory retraining on proper MDS coding procedures, specifically regarding Section N0450 (Antipsychotic Medication Review). Training will emphasize cross-referencing medication records (eMAR/OSR) with MDS entries to ensure accuracy. Initial training was completed within 14 days, followed by quarterly refresher sessions.</p> <p>The Unit Manager/Licensed Practical Nurse (UM/LPN) will review 10 MDS assessments before submission to ensure accurate medication documentation.</p> <p>A monthly audit of MDS accuracy will be conducted by MDS Director/designee for six months and then quarterly thereafter.</p> <p>4. MDS Director will report results of these audits to the Director of Nursing on a monthly basis.</p> <p>Findings will be reviewed by MDS</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 641	Continued From page 2 PM, and the ^{NJ Ex Order 26.4b1} eMAR was signed as given by the nurses from ^{NJ Ex Order 26.4b1} at 9:00 PM respectively. On 3/12/25 at 10:12 AM, the surveyor interviewed the ^{US FOIA (b)(6)} , who confirmed to the surveyor that the resident was taking ^{NJ Ex Order 26.4b1} starting on ^{NJ Ex Order 26.4b1} . On 3/12/25 at 10:34 AM, the surveyor interviewed the ^{US FOIA (b)(6)} , who stated that both ^{NJ Ex Order 26.4b1} medication assessments were not captured because she accidentally passed the question. She added that the assessment should be yes because the resident had been taking ^{NJ Ex Order 26.4b1} medication since ^{NJ Ex Order 26.4b1} . The facility followed the RAI (Resident Assessment Instrument-a tool that helps gather information about a resident's strengths and needs, which is used to create an individualized care plan) Manual. On 3/12/25 at 11:57 AM, the surveyor met with the ^{US FOIA (b)(6)} but did not provide further information.	F 641	Director/designee in the monthly Quality Assurance & Performance Improvement (QAPI) meetings for the next two quarters.		
F 695 SS=D	NJAC 8:39-33.2 (c) Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who	F 695		4/18/25	

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F 695	<p>Continued From page 3</p> <p>needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to follow a Physician's Order (PO) in accordance with professional standards of practice for 2 of 3 residents (Resident #156 and #67) reviewed for NJ Ex Order 26.4b1.</p> <p>The deficient practice was evidenced by the following:</p> <p>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 registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>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</p>	F 695	<p>1. Resident #156: NJ Ex Order 26.4b1 was immediately adjusted from NJ Ex Order 26.4b1 to the prescribed NJ Ex Order 26.4 as per physician orders.</p> <p>The MDS and medical record were reviewed to ensure proper documentation of prescribed NJ Ex Order 26.4b1. Director Of Nursing or designee re-educated Nursing staffing on checking NJ Ex Order 26.4b1 during each shift change and verifying physician orders.</p> <p>• Resident #67: NJ Ex Order 26.4b1 was adjusted to NJ Ex Order 26.4 as prescribed.</p> <p>A review of the electronic Medication Administration Record (eMAR) and Order Summary Report (OSR) was conducted to confirm consistency with the physician's orders.</p> <p>DON/ or designee reeducated the nurse immediately on following physician orders for NJ Ex Order 26.4b1.</p> <p>2. All residents on oxygen therapy have the potential to be affected.</p> <p>3. A facility-wide audit of all residents receiving oxygen therapy was conducted by Unit Managers to ensure compliance with physician orders. Any discrepancies in oxygen flow settings were corrected</p>		

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F 695	<p>Continued From page 4</p> <p>program through health teaching, health 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>1. On 3/07/25 at 11:17 AM, the surveyor observed Resident #156 in bed with family at the bedside. The surveyor observed the resident receiving NJ Ex Order 26.4b1 [REDACTED]</p> <p>A review of the Admission Record (an admission summary) (AR) revealed that Resident #156 had been admitted to the facility with a diagnosis that included NJ Ex Order 26.4b1 [REDACTED] and NJ Ex Order 26.4b1 [REDACTED].</p> <p>A review of the Admission Minimum Data Set Assessment (A/MDS), an assessment tool used to facilitate the management of care, dated NJ Ex Order 26.4b1 [REDACTED], revealed that the resident scored NJ Ex Order 26.4b1 [REDACTED] of 15 on the Brief Interview for Mental Status (BIMS), which indicated NJ Ex Order 26.4b1 [REDACTED] cognition. The A/MDS also revealed that the resident received NJ Ex Order 26.4b1 [REDACTED].</p> <p>A review of Resident #156's PO revealed a PO dated NJ Ex Order 26.4b1 [REDACTED] for "NJ Ex Order 26.4b1 [REDACTED]."</p> <p>On 3/7/25 at 11:35 AM, the surveyor, in the presence of the US FOIA (b)(6) [REDACTED] (UM#1), confirmed Resident #156's [REDACTED] was set at NJ Ex Order 26.4b1 [REDACTED] and should be set at NJ Ex Order 26.4b1 [REDACTED].</p>	F 695	<p>immediately, and physician notifications were made as necessary. All oxygen orders were cross-referenced with eMAR, Order summary, and care plans to ensure proper implementation.</p> <p>Director Of Nursing/designee reeducated licensed nurses, including Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) on oxygen therapy management. Training will cover reviewing physician orders, verifying oxygen flow settings, and proper documentation procedures.</p> <p>Director Of Nurisng/designee will conduct 5 competencies per month to ensure nursing staff can accurately set and monitor oxygen therapy.</p> <p>Unit Managers will conduct audit on 5 residents on oxygen therapy settings twice weekly for three months to ensure compliance.</p> <p>The Director of Nursing (DON) or designee will audit 10% of all oxygen therapy records monthly for accuracy.</p> <p>4. Unit Manager will report results of these audits to the Director of Nursing on a monthly basis.</p> <ul style="list-style-type: none"> The Director of Nursing will report results of these audits to the QAPI committee on a quarterly basis for the next six months. 		

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F 695	<p>Continued From page 5</p> <p>On 3/7/25 at 11:40 AM, the surveyor interviewed the US FOIA (b)(6) for Resident #156, who stated they had not checked the NJ Ex O yet. No further information was provided.</p> <p>2. On 3/7/25 at 10:25 AM, the surveyor observed Resident #67 sitting in the wheelchair inside the dayroom awake with NJ Ex Order 26.4b1 with the NJ Ex Order 26.4b1 attached to the wheelchair.</p> <p>On 3/8/25 at 11:25 AM, the surveyor reviewed the electronic Medical Record (eMR)/ hybrid medical record (paper and electronic) of Resident #67, which revealed the following:</p> <p>A review of the AR reflected that Resident #67 was admitted with diagnoses that included but were not limited to NJ Ex Order 26.4b1.</p> <p>A review of the recent quarterly MDS (Q/MDS), dated NJ Ex Order 26.4b1, indicated that the facility assessed the residents' cognitive status using a BIMS score of NJ Ex out of 15, which indicated that the resident was NJ Ex Order 26.4b1 cognition. Further review of the Q/MDS in Section O, Special Treatments, Procedures, and Programs, revealed that Resident #67 was NJ Ex Order 26.4b1.</p> <p>A review of the Order Summary Report (OSR) with an active order as of NJ Ex Order 26.4b1 revealed an order of NJ Ex Order 26.4b1 at NJ Ex Order 26.4b1 via NJ Ex O for NJ Ex Order with an order date of NJ Ex Order 26.4b1.</p>	F 695			

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F 695	<p>Continued From page 6</p> <p>A review of the electronic Medication Administration Record (eMAR) in [redacted] NJ Ex Order 26.4b1 revealed that the above order was signed as given by the nurses at 7:00 AM, 3:00 PM, and 11:00 PM daily.</p> <p>On 3/12/25 at 11:45 AM, the surveyor interviewed the [redacted] US FOIA (b)(6) who stated that the resident was getting [redacted] NJ Ex Order 26.4b1. The [redacted] US FOIA (b)(6) added that the nurse should check the [redacted] NJ Ex Order 26.4b1 to ensure the resident follows the doctor's order.</p> <p>On 3/12/25 at 9:30 AM, the [redacted] US FOIA (b)(6) provided the surveyor with an Oxygen Therapy facility policy with a revised date of 1/2025. Under the procedure section of the policy, it states, "1. Review Physician's order for oxygen therapy ...5. Connect oxygen tubing to source, date it, and turn on oxygen to prescribed flow rate."</p> <p>On 3/12/25 at 11:57 AM, the surveyor met with the [redacted] US FOIA (b)(6) to review facility concerns and surveyor findings.</p> <p>On 3/13/25 at 11:00 AM, the surveyor met with the [redacted] US FOIA (b)(6) and [redacted] US FOIA (b)(6) for an exit conference. The facility did not provide any further pertinent information.</p> <p>NJAC 8:39- 27.1 (a)</p>	F 695		

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F 711 F 711 SS=E	Continued From page 7 Physician Visits - Review Care/Notes/Order CFR(s): 483.30(b)(1)-(3) §483.30(b) Physician Visits The physician must- §483.30(b)(1) Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; §483.30(b)(2) Write, sign, and date progress notes at each visit; and §483.30(b)(3) Sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure the resident's primary physician (MD) accurately dated their physician progress notes (PPN) during their visit to ensure the resident's current medical regimen was up to date. This deficient practice was observed for 1 of 33 residents (Resident #129). This deficient practice was evidenced by the following: On 3/7/25 at 10:10 AM, the surveyor observed Resident #129 sitting in a wheelchair inside the day room. NJ Ex Order 26.4b1 the surveyor's inquiry. On 3/7/25 at 10:28 AM, the surveyor reviewed the	F 711 F 711	1. Resident #129's medical record was reviewed to confirm there were no gaps in care resulting from the late documentation. The responsible JUST-FOIA (b)(6) was contacted by the Administrator and counseled regarding the importance of timely documentation. 2. All residents have the potential to be affected. 3. Director Of Nursing/designee conducted a full audit of physician progress notes for all current residents to identify and correct any additional late entries. No other significant delays were	4/18/25	

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F 711	<p>Continued From page 8</p> <p>electronic Medical Record (eMR)/ hybrid medical record (paper and electronic) of Resident #129, which revealed the following:</p> <p>A review of the Admission Record (an admission summary) (AR) reflected that Resident #129 was admitted with diagnoses that included but were not limited to NJ Ex Order 26.4b1).</p> <p>A review of the recent quarterly Minimum Data Set (Q/MDS), (an assessment tool used to facilitate the management of care) with a date of NJ Ex Order 26.4b1 indicated that the facility assessed the residents' cognitive status using a Brief Interview for Mental Status (BIMS) score NJ Ex Order 26.4b1 out of 15, which indicated that the resident had NJ Ex Order 26.4b1 .</p> <p>A review of the PPNs in the eMR reflected the following "Effective Date," "Created Date," and/or "Late Entry" (any documentation that is recorded in the eMR beyond 24-48 hours of the encounter is classified as a late entry) designation which indicated the PPN was not documented on the effective date (Date of Service):</p> <ol style="list-style-type: none"> 1. PPN with an effective date of NJ Ex Order 26.4b1 and a created date of NJ Ex Order 26.4b1 . 2. PPN with an effective date of NJ Ex Order 26.4b1 and a created date of NJ Ex Order 26.4b1 . 3. PPN with an effective date of NJ Ex Order 26.4b1 and a created date of NJ Ex Order 26.4b1 . 4. PPN with an effective date of NJ Ex Order 26.4b1 and a created date of NJ Ex Order 26.4b1 . 5. PPN with an effective date of NJ Ex Order 26.4b1 and a created date of NJ Ex Order 26.4b1 . 6. PPN with an effective date of NJ Ex Order 26.4b1 and a created date of NJ Ex Order 26.4b1 . 7. PPN with an effective date of NJ Ex Order 26.4b1 and a 	F 711	<p>found.</p> <p>The facility Administrator/designee reinforced its expectation that all physician progress notes must be documented, signed, and dated at the time of the visit. A letter was sent to all attending physicians reiterating this requirement, referencing CMS guidelines and state regulations.</p> <p>Administrator/designee implemented a tracking system to monitor physician visits and note completion for 6 months. Physicians who fail to comply will receive follow-ups from the Medical Director and Administrator.</p> <p>Unit managers/designee will verify physician documentation within 24 hours of visits. Any missing or late entries will be escalated to the Director Of Nursing and Medical Director.</p> <p>The Medical Records Department will audit physician documentation weekly for four weeks, then biweekly for three months.</p> <p>4. The Medical Records clerk will reprot results of these audits to the Administrator on a montly basis Any trends of late documentation will be addressed through direct physician counseling.</p> <p>The Administrator will report results of these audits to the QAPI Committee on a quarterly basis for 6 months.</p>		

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F 711	Continued From page 9 created date of ^{NJ Ex Order 264b1} [REDACTED]. On 3/11/25 at 11:15 AM, the surveyor interviewed ^{US FOIA} [REDACTED] over the phone. ^{US FOIA} [REDACTED] stated that she is too busy and does not have the time to write in the nursing home, but she will write the documentation a few days later. On 3/12/25 at 11:57 AM, the surveyor met with the ^{US FOIA (b)(6)} [REDACTED] but did not provide further information. A review of the facility's policy titled "Physician Visits and Services" with a reviewed date of 1/2025 under "Procedure: 5. Progress notes and orders must be written, signed, and dated at each physician visit, which may be done in a physical or electronic chart."	F 711			
F 880 SS=D	NJAC 8:39-23.2(b) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §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. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention	F 880		4/18/25	

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F 880	Continued From page 10 and control program (IPCP) that must include, at a minimum, the following elements: §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; §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: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed	F 880			

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 03/13/2025
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 880	<p>Continued From page 11 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, interview, and record review, it was determined that the facility failed to establish appropriate infection control practices for environmental cleaning for 1 of 33 residents (Resident #40).</p> <p>This deficient practice was evidenced by the following: On 3/12/25, at 9:45 AM, the surveyor observed Resident #40 awake inside the room with the head of the bed elevated with NJ Ex Order 26.4b1 [REDACTED]. [REDACTED]. The surveyor observed a [REDACTED] NJ Ex Order 26.4b1 [REDACTED].</p> <p>On 3/12/25 at 9:58 AM, the surveyor interviewed the [REDACTED] US FOIA (b)(6) [REDACTED], who stated she did not observe the [REDACTED] NJ Ex Order 26.4b1 [REDACTED] onto the lid of the [REDACTED] NJ Ex Order 26.4b1 [REDACTED].</p>	F 880	<p>1. The [REDACTED] NJ Ex Order 26.4b1 [REDACTED] for Resident #40 was immediately cleaned and disinfected as of 3/11/2025.</p> <p>A facility-wide inspection was conducted, and any contaminated medical equipment was cleaned and logged.</p> <p>2. All residents who require a feeding pole have the potential to be affected.</p> <p>3. A new policy for equipment cleaning has been developed, requiring daily cleaning logs for all high-touch medical equipment.</p> <p>Director Of Nursing/designee provided nursing staff and environmental staff training on equipment cleaning.</p> <p>A designated Infection Control Nurse (IP) will conduct 5 inspections of medical equipment weekly to ensure compliance</p>		

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 03/13/2025
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 880	<p>Continued From page 12</p> <p>On 3/12/25 at 10:00 AM, the surveyor interviewed the [US FOIA (b)(6)] who stated that the 11:00 PM to 7:00 AM shift usually cleans [NJ Ex Order 28,46]. The [US FOIA (b)(6)] added that there is no schedule for cleaning the [NJ Ex Order 28,46] but a monthly schedule for cleaning the room.</p> <p>On 3/12/25 at 11:57 AM, the surveyor met with the [US FOIA (b)(6)] but did not provide further information.</p> <p>A review of the facility policy titled "Equipment Cleaning" with a revised date of January 2025 revealed that "It is the policy of this facility that staff will clean the equipment after use and as needed (which includes but is not limited to such items as glucometers, blood pressure cuffs, hoyer lifts, IV/feeding poles, shower curtains, nursing carts, thermometers, stethoscopes, etc.) between residents."</p> <p>NJAC 8:39-19.1(a)</p>	F 880	<p>for 6 months. Any non-compliance will trigger retraining and disciplinary action if necessary.</p> <p>4. The Infection Control Nurse will report findings of these audits to the Director of Nursing on a monthly basis.</p> <p>Director Of Nursing/designee will report the findings of the audits to the QAPI Committee on a quarterly basis for the next 6 months.</p>	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315300	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 4/22/2025	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 F0641	Correction	ID Prefix F0695	Correction	ID Prefix F0711	Correction
Reg. # 483.20(g)	Completed	Reg. # 483.25(i)	Completed	Reg. # 483.30(b)(1)-(3)	Completed
LSC	04/18/2025	LSC	04/18/2025	LSC	04/18/2025
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	04/18/2025	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 3/13/2025		<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

PRINTED: 07/03/2025
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 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/13/2025
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	
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 03/11/25. 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 03/11/25 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.	K 000			
K 311 SS=F	Alaris Health at Hamilton Park is a five-story building constructed in 1980. It is composed of Type II protected construction. The facility is divided into 12 - smoke zones. The generator powers approximately 30 % of the building per the Maintenance Director. The current occupied beds are 168 of 260. Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6.	K 311		4/18/25	

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

TITLE

(X6) DATE

Electronically Signed

04/04/2025

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315300	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/13/2025
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	
K 311	<p>Continued From page 1 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to ensure enclosed usable space within exit enclosures did not have access from within the enclosure for two of four exit enclosures in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 7.2.2.5.3 and 7.2.2.5.3.2. This deficient practice had the potential to affect all 168 residents and was evidenced by the following:</p> <p>An observation on 03/11/25 at 2:10 PM of exit stairway one revealed the enclosure had a storage space with a door that opened into the stairway.</p> <p>An observation on 03/11/25 at 3:30 PM of exit stairway three revealed the enclosure had a storage space with a door that opened into the stairway.</p> <p>During an interview at the time of each observation, the US FOIA (b)(6) confirmed the storage rooms inside the exit enclosures.</p> <p>NJAC 8:39-31.2(e)</p>	K 311	<ol style="list-style-type: none"> The storage spaces located in exit stairway one and exit stairway three were immediately emptied and sealed off as 3/11/2025. <p>A fire-rated enclosure has been installed to ensure compliance with the one-hour fire resistance rating requirement.</p> <ol style="list-style-type: none"> All residents have the potential to be affected. The facility's Life Safety Compliance Policy has been revised by the Administrator to prohibit storage in stairwells. <p>Maintenance Director/designee retrained maintenance staff on proper storage procedures and fire safety regulations.</p> <p>The Fire Safety Committee conducted a full facility-wide assessment to identify and eliminate any other non-compliant storage areas.</p> <p>The Maintenance Director or designee will conduct monthly inspections of all stairwells for compliance.</p> <ol style="list-style-type: none"> The Maintenance Director will report results of these audits to the Administrator 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315300	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/13/2025
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	
K 311	Continued From page 2	K 311	on a monthly basis.		
K 341 SS=F	<p>Fire Alarm System - Installation CFR(s): NFPA 101</p> <p>Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure low voltage wiring under seven feet was in conduit in accordance with NFPA 70 National Electrical Code (2011 Edition) Article 760.130 (B) (1). This deficient practice had the potential to affect all 168 residents and was evidenced by the following:</p> <p>Observations on 03/11/25 at 12:26 PM of the</p>	K 341	<p>The Maintenance Director will report the findings to the QAPI Committee quarterly to ensure ongoing compliance x 6 months.</p> <p>1. The low voltage wiring for the sprinkler tamper switches was immediately enclosed in metal conduit as of 3/11/2025.</p> <p>A licensed electrical contractor inspected the work to ensure full compliance with NFPA 70 standards.</p> <p>2. All residents have the potential to be</p>	4/18/25	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315300	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/13/2025
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	
K 341	Continued From page 3 facility's four sprinkler tamper switches revealed the low voltage wiring under seven feet was not protected in conduit. During an interview at the time of the observations, the US FOIA (b)(6) verified the low voltage wiring was not protected in the walls or in conduit. NJAC 8:39-31.2(e) NFPA 70	K 341	affected. 3. The facility's electrical safety policy was updated by the Administrator to require that all low-voltage wiring be enclosed in conduit if below seven feet. Maintenance Director retrained all Maintenance staff on NFPA 70 requirements regarding wiring protection. A preventative maintenance checklist has been implemented to ensure all new installations comply with NFPA 70 standards. The Maintenance Director will perform quarterly audits of all electrical installations to verify compliance. 4. Maintenance Director will report results of these audits to the Administrator on a quarterly basis. Maintenance/designee will report findings during Quarterly QAPI meetings, and corrective action will be taken as necessary x 6 months.		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315300	Y1	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	Y2	DATE OF REVISIT 4/22/2025	Y3
NAME OF FACILITY ALARIS HEALTH AT HAMILTON PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 525 MONMOUTH STREET JERSEY CITY, NJ 07302		

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # _____	Completed
LSC K0311	04/18/2025	LSC K0341	04/18/2025	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 3/13/2025		<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		