

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

PRINTED: 11/12/2024
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 08/04/2023
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 Census: 151 Sample Size: 10 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be not in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey date: 08/04/2023	F 000			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized	F 656		8/21/23	

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

TITLE

(X6) DATE

Electronically Signed

08/16/2023

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 656	<p>Continued From page 1</p> <p>rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interviews, record review, and facility policy, the facility failed to develop a comprehensive care plan for 1 (Resident #7) of 2 sampled residents reviewed for NJ Exec Order 26.4b1 care.</p> <p>Findings included:</p> <p>Review of the facility policy titled, "Interdisciplinary Plan of Care Policy," reviewed in January 2022, indicated, "This facility shall provide an individualized, interdisciplinary plan of care for all residents that shall be appropriate to the resident's needs, strengths, and goals." The</p>	F 656	<p>1. Resident #7 care plan was updated to include NJ Exec Order 26.4b1 on NJ Exec Order 26 Director of Nursing re educated all nurses on care planning to include NJ Exec Order 26</p> <p>2. All residents have the potential to be affected by deficient practice.</p> <p>3. Director of Nursing re educated all nurses on care planning to include NJ Exec Order 26.4b1.</p>		

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F 656	<p>Continued From page 2</p> <p>policy specified, "A comprehensive person-centered care plan for each resident shall be developed and implemented that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychological needs that are identified in the comprehensive assessment."</p> <p>A review of an "Admission Record" indicated the facility admitted the resident on [redacted] with diagnoses that included [redacted] and need for [redacted].</p> <p>The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of [redacted], revealed Resident #7 had a Brief Interview for Mental Status (BIMS) of [redacted] which indicated the resident was [redacted]. The MDS indicated Resident #7 received [redacted].</p> <p>A review of Resident #7s "Order Summary Report," indicated an order dated [redacted] for [redacted] by way of [redacted] at [redacted] as needed for [redacted] of [redacted] an order dated [redacted] by way of [redacted] every shift for [redacted]; and an order dated [redacted] milligram/milliliter [redacted] by way of [redacted] every [redacted] hours for [redacted].</p> <p>On 08/04/2023 at 9:55 AM, Resident #7 was observed lying in bed with [redacted] in their [redacted] by way of a [redacted] and an [redacted] present in the room set at [redacted].</p>	F 656	<p>Director of Nursing/Assistant Director Of Nursing ran a report of all resident's on [redacted] to ensure that no other residents were lacking a care plan for [redacted]. All care plans were updated as needed. Re education of nursing department will continue x 1 month by Director of Nursing. Weekly audits x 30 days will be conducted every Tuesday of 8 residents by Director Of Nursing and/or Assistant Director Of Nursing and then monthly x 90 days to ensure that no residents with [redacted] are missing a plan of care.</p> <p>4. Results of audits weekly audits x 30 days and then monthly x 90 days will be monitored by the Director of Nursing for corrective action as needed to ensure that no residents with [redacted] are missing a plan of care. Director of Nursing will report to QAPI Committee and LNHA for 2 quarters on audit findings and corrective measures as needed.</p>	

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F 656	<p>Continued From page 3</p> <p>In an interview on 08/04/2023 at 10:08 AM, Registered Nurse (RN) #7 stated Resident #7 received a [redacted] every [redacted] hours.</p> <p>In an interview on 08/04/2023 at 2:48 PM, the [redacted] (US FOIA (b) (6)) stated Resident #7 should have comprehensive care that included the use of [redacted] (NJ Exec Order 26.4b1) and [redacted] (NJ Exec Order 26.4b1). She stated she, the unit managers, and floor nurses were responsible for developing a comprehensive care plan. She stated she looked at Resident #7's care plan, and the use of [redacted] (NJ Exec Order 26.4b1) was not contained in the resident's care plan but should have been. According to the [redacted] (US FOIA (b) (6)) care planning [redacted] (NJ Exec Order 26.4b1) was missed being put in the resident's care plan. The [redacted] (US FOIA (b) (6)) stated she expected the care plan to contain all information to properly care for the resident.</p> <p>During an interview on 08/04/2023 at 3:42 PM, [redacted] (US FOIA (b) (6)) RN #8 stated the resident should have care planned for both [redacted] (NJ Exec Order 26.4b1) but did not. He stated care planning the [redacted] (NJ Exec Order 26.4b1) [redacted] (US FOIA (b) (6)) was overlooked. [redacted] (US FOIA (b) (6)) RN #8 stated he expected all care plans to be comprehensive and contain all information to properly care for a resident.</p> <p>In an interview on 08/04/2023 at 3:58 PM, the [redacted] (US FOIA (b) (6)) stated Resident #7's care plan should contain information related to the use of [redacted] (NJ Exec Order 26.4b1). She stated the floor nurses and unit managers were responsible for developing a</p>	F 656			

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F 656	Continued From page 4 comprehensive care plan for each resident. She stated she expected care plans to be comprehensive to meet a resident's medical and nursing needs.	F 656			
F 880 SS=D	<p>NJAC 8:39-11.2 Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</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 §483.70(e) 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</p>	F 880		8/21/23	

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F 880	<p>Continued From page 5</p> <p>infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</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:</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>Based on observations, interviews, record reviews, and facility policy reviews, the facility failed to ensure NJ Exec Order 26.4b1 equipment was properly stored when not in use for 2 (Resident #7 and Resident #10) of 2 residents reviewed for infection control practices related to NJ Exec Order 26.4b1 care.</p> <p>Findings included:</p> <p>Review of a facility policy titled, "Infection Control Considerations Related to Oxygen Administration," revised/reviewed January 2023, indicated, "3. Keep the oxygen cannula and tubing used PRN [as needed] in a plastic bag when not in use."</p> <p>Review of a facility policy titled, "Oxygen Therapy," revised/reviewed on 04/06/2023, indicated, "To provide guidelines for safe oxygen administration." The policy specified, "11. Place the appropriate oxygen device on the resident and check that the device is in good working order. a. Keep oxygen devices in a plastic bag when not in use."</p> <p>Review of a facility policy titled, "Administering Nebulizer Treatment," with an effective date of January 2022, indicated, "Policy: To safely administer nebulizer treatments to a resident." The policy specified, "19. When equipment is completely dry, store in a plastic bag with the resident's name and the date on it."</p> <p>1. A review of an "Admission Record" indicated the facility admitted the resident on NJ Exec Order 26.4b1 with diagnoses that included, NJ Exec Order 26.4b1 and need for NJ Exec Order 26.4b1.</p>	F 880	<ol style="list-style-type: none"> 1. Resident # 7 and resident # 10, NJ Exec Order 26.4b1 was discarded and replaced. They were provided with plastic bags for NJ Exec Order 26.4b1. Nurses and aides were re educated on how to properly store NJ Exec Order 26.4b1 by Director of Nursing and/or Infection Preventionist. 2. All residents have the potential to be affected by deficient practice. 3. Nurses and aides were re educated on how to properly store NJ Exec Order 26.4b1 by Director of Nursing and/or Infection Preventionist. Unit managers rounded on all units and resident rooms to ensure that all residents on NJ Exec Order 26.4b1 have a plastic bag for safe storage of all NJ Exec Order 26.4b1. Re education of nursing department will continue x 1 month by Director of Nursing and/or Infection Preventionist. Director Of Nursing and/or Infection Preventionist will do weekly audits x 30 days every Monday of 8 residents and then monthly for 90 days to ensure deficient practice does not recur. 4. Results of weekly audits x 30 days and then monthly x 90 days will be monitored by the Director of Nursing for corrective action as needed to ensure that deficient practice does not recur. Director of Nursing will report to QAPI Committee and LNHA for 2 quarters on audit findings and corrective measures as needed. 		

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F 880	<p>Continued From page 7</p> <p>The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of [redacted] revealed Resident #7 had a Brief Interview for Mental Status (BIMS) of [redacted] which indicated the resident was [redacted]. The MDS indicated Resident #7 received [redacted].</p> <p>A review of Resident #7s "Order Summary Report," indicated an order dated [redacted], for [redacted] milligram/milliliter (mg/ml) [redacted] by way of [redacted] every [redacted] hours for [redacted].</p> <p>On 08/04/2023 at 9:55 AM, Resident #7 was observed lying in bed with [redacted] in their [redacted] by way of a [redacted] and an [redacted] present in the room set at [redacted]. A [redacted] were observed in the room on the [redacted] with [redacted] and [redacted]. The [redacted] was not stored in a bag and there was no storage containment bag present in the room.</p> <p>In an interview on 08/04/2023 at 10:08 AM, Registered Nurse (RN) #7 stated Resident #7's [redacted] should have a storage containment bag so the [redacted] could be contained when not in use. RN #7 stated it was a potential infection control issue since the [redacted] was not properly stored. RN #7 stated she expected proper infection practices to be maintained related to storage of the [redacted].</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>During an interview on 08/04/2023 at 2:40 PM, the US FOIA (b) (6) stated Resident #7's NJ Exec Order 26.4b1 should be contained in a storage bag when not in use and not just laid on the NJ Exec Order 26.4b1. The US FOIA (b) (6) stated the NJ Exec Order 26.4b1 should be stored in a plastic bag when not in use. She stated a storage bag should be in the resident's room for both the NJ Exec Order 26.4b1. The US FOIA (b) (6) stated it was the responsibility of the nurses to properly store NJ Exec Order 26.4b1 when not in use. She stated not properly storing the NJ Exec Order 26.4b1 could lead to the NJ Exec Order 26.4b1 being contaminated and an infection. The US FOIA (b) (6) stated she expected all infection control practices to be always maintained.</p> <p>In an interview on 08/04/2023 at 2:48 PM, the US FOIA (b) (6) stated Resident #7's NJ Exec Order 26.4b1 should not be stored on a NJ Exec Order 26.4b1 and should be contained in a plastic bag when not in use. She stated when a resident received NJ Exec Order 26.4b1 or a NJ Exec Order 26.4b1, a storage bag for the containment of the NJ Exec Order 26.4b1 should be in the room. According to the US FOIA (b) (6) it was the responsibility of the nurses to properly contain the NJ Exec Order 26.4b1 when not in use. The US FOIA (b) (6) stated she considered it an infection control issue for the NJ Exec Order 26.4b1 to not be stored properly. She stated she expected NJ Exec Order 26.4b1 to be stored properly in a bag when not in use to prevent contamination.</p> <p>During an interview on 08/04/2023 at 3:58 PM, the US FOIA (b) (6) stated Resident #7's US FOIA (b) (6) should not be stored on a NJ Exec Order 26.4b1</p>	F 880		

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F 880	<p>Continued From page 9 and should be contained in a plastic bag when not in use. The US FOIA (b) (6) stated she expected the nurses to place the [redacted] in a storage bag when not in use. Per the US FOIA (b) (6) she expected all [redacted] to be stored properly, and all infection control practices to be maintained.</p> <p>2. A review of an "Admission Record" indicated the facility admitted Resident #10 on [redacted] with diagnoses that included [redacted].</p> <p>The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of [redacted], revealed Resident #10 had a Brief Interview for Mental Status (BIMS) of [redacted] which indicated the resident had [redacted]. The MDS indicated the resident received [redacted].</p> <p>A review of Resident #10's care plan initiated on [redacted] and revised on [redacted], revealed the resident had [redacted] interventions directed the staff to administer [redacted] as ordered by the physician.</p> <p>A review of Resident #10's care plan initiated on [redacted], revealed the resident had a [redacted] related to a diagnosis of [redacted]. Interventions directed staff to administer [redacted] by way of [redacted] as ordered by the physician.</p> <p>A review of Resident #10's "Order Summary Report," revealed an order dated [redacted], for</p>	F 880	

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F 880	<p>Continued From page 10</p> <p>NJ Exec Order 26.4b1 by way of NJ Exec Order 26.4b1 every NJ Exec Order 26.4b1 hours for NJ Exec Order 26.4b1 related to NJ Exec Order 26.4b1. On NJ Exec Order 26.4b1, the resident received an order for NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 times a day for NJ Exec Order 26.4b1.</p> <p>On 08/04/2023 at 9:28 AM, Resident #10 was observed in their room. There was an NJ Exec Order 26.4b1 present in the resident's room by Resident #10's bed with the NJ Exec Order 26.4b1 observed hanging off a NJ Exec Order 26.4b1 not contained in a storage bag. A NJ Exec Order 26.4b1 observed in Resident #10's room on a NJ Exec Order 26.4b1 with the NJ Exec Order 26.4b1 hanging off the side of the NJ Exec Order 26.4b1 and not stored in a bag. There was no storage containment bag for the NJ Exec Order 26.4b1 present in the resident's room.</p> <p>On 08/04/2023 at 9:35 AM, Registered Nurse (RN) #9 was called to Resident #10's room and indicated Resident #10 NJ Exec Order 26.4b1 as needed and received NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 hours. RN #9 stated the NJ Exec Order 26.4b1 should be stored in a plastic bag when not in use. RN #9 stated the floor nurses were responsible for properly storing the NJ Exec Order 26.4b1 in a storage bag. RN #9 reported she had just administered Resident #10's NJ Exec Order 26.4b1, but a storage bag was not in the resident's room, so she just hung the NJ Exec Order 26.4b1 on the side of the NJ Exec Order 26.4b1. Per RN #9, she expected staff to follow proper infection control practices related to</p>	F 880		

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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	
F 880	<p>Continued From page 11</p> <p>NJ Exec Order 26.4b1 and treatment and considered it an infection control issue for not having the NJ Exec Order 26.4b1 contained in a bag.</p> <p>During an interview on 08/04/2023 at 2:40 PM, the US FOIA (b) (6) stated Resident #10's NJ Exec Order 26.4b1 should not be stored off the side of a NJ Exec Order 26.4b1. She stated Resident #10's NJ Exec Order 26.4b1 should not be hanging off a NJ Exec Order 26.4b1. She stated the NJ Exec Order 26.4b1 should be stored in a plastic bag when not in use. She stated a storage bag should be in the resident's room for both the NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The US FOIA (b) (6) stated it was the responsibility of the nurses to properly store NJ Exec Order 26.4b1 when not in use. She stated not properly storing NJ Exec Order 26.4b1 could lead to the NJ Exec Order 26.4b1 being contaminated and an infection. The US FOIA (b) (6) stated she expected all infection control practices to be always maintained.</p> <p>In an interview on 08/04/2023 at 2:48 PM, the US FOIA (b) (6) stated R Resident #10's NJ Exec Order 26.4b1 should not be stored hanging off a NJ Exec Order 26.4b1. She stated Resident #10's NJ Exec Order 26.4b1 should not be stored hanging off a NJ Exec Order 26.4b1 and should be stored in a plastic bag when not in use. She stated when a resident received NJ Exec Order 26.4b1 a storage bag for the containment of the NJ Exec Order 26.4b1 should be in the resident's room. She stated it was the responsibility of the nurses to properly contain the NJ Exec Order 26.4b1 when not in use. She stated she considered it an infection control issue</p>	F 880			

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: 315300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/04/2023
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 for the NJ Exec Order 26.4b1 to not be stored properly. She stated she expected NJ Exec Order 26.4b1 to be stored properly in a bag when not in use to prevent contamination.</p> <p>During an interview on 08/04/2023 at 3:58 PM, the US FOIA (b) (6) stated Resident #10's NJ Exec Order 26.4b1 should not be stored hanging off a NJ Exec Order 26.4b1. She stated Resident #10's NJ Exec Order 26.4b1 should not be stored hanging off a NJ Exec Order 26.4b1 and should be stored in a plastic bag when not in use. She stated she expected all NJ Exec Order 26.4b1 to be stored properly, and all infection control practices be maintained.</p> <p>NJAC 8:39:19.4(k)</p>	F 880			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315300	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 8/23/2023	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 F0656	Correction	ID Prefix F0880	Correction	ID Prefix _____	Correction
Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # _____	Completed
LSC _____	08/21/2023	LSC _____	08/21/2023	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 8/4/2023		<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		