STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315476	A. BUILDING _____ B. WING _____	C 05/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT THE FOUNTAINS	595 COUNTY AVENUE SECAUCUS, NJ 07094

(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 #: NJ00164286 Census: 272 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 689 SS=E	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00164286 Based on observation, interview, and review of facility documentation on 05/23/23, it was determined that the facility failed to ensure that emergency exit doors were unobstructed for 3 of 10 emergency exit doors observed on Units 7, 8, and 9. The deficient practice was evidenced by the following: On 5/23/23 at 8:52 AM, the surveyors toured the facility with the Maintenance Director (MD). During the tour of Unit 9 on 05/23/23 at 8:56 AM,	F 689	1) An investigation was conducted, no residents were affected by the deficient practice. 2) All residents have the potential to be affected by the deficient practice: all exit doors will be free from obstruction. 3) All staff will be in-serviced on the dangers and proper protocols regarding not blocking the exit doors. Also, all items blocking the exit doors were removed. 4) An audit tool was created to ensure that all staff are in-serviced. Also, an audit tool was created to ensure that all exit doors remain free of any items blocking	6/20/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/09/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315476	A. BUILDING _____ B. WING _____	C 05/23/2023

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ALARIS HEALTH AT THE FOUNTAINS	**595 COUNTY AVENUE SECAUCUS, NJ 07094**

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F 689	Continued From page 1 the surveyors observed a high- backed wheelchair and a patient lift (a device designed to lift and transfer people from one place to another) in the alcove in front of the Unit 9 fire escape door. The surveyors observed that the front left wheels on the patient lift were directly in front of the emergency exit door. The surveyors observed a sign on the door which indicated, "In Case of An Emergency Push and Hold For 15 Seconds Door Will Open." At this time the MD stated, "This should not be here, we don't block exits." The MD stated that the patient lift and the wheelchair were left there by nursing staff and that they should be removed because, "in case it's an emergency we need to get out" and that having equipment in the way would slow down the process of exiting the building. During an interview with the surveyors on 05/23/23 at 9:04 AM, the MD stated that usually if he sees medical equipment in front of the emergency exits he asks the staff to remove the equipment because it does not belong there. During the tour of Unit 8 on 05/23/23 at 9:08 AM, the surveyors observed two wheelchairs and a patient lift in the alcove in front of the Unit 8 fire escape door. The surveyors observed that one of the wheelchairs was positioned sideways and that one of the wheelchairs was positioned front facing directly in front of the emergency exit door. During the tour of Unit 7 on 05/23/23 at 9:12 AM, the surveyors observed two patient lifts and a wheelchair in the alcove in front of the Unit 7 fire escape door. The surveyors observed that the path to the door was completely blocked by the wheelchair and the two patient lifts directly in	F 689	them. This audit will be done weekly until compliance is met. The results of this audit will be reviewed at monthly QAPI meeting. 5) The Director of Nursing is responsible for this plan of correction.	

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	315476	A. BUILDING _____ B. WING _____	C 05/23/2023

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ALARIS HEALTH AT THE FOUNTAINS	**595 COUNTY AVENUE SECAUCUS, NJ 07094**

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F 689	Continued From page 2 front of the door. During an interview with the surveyors on 05/23/23 at 09:23 AM, the MD stated that the patient lifts should be stored in the shower room. The MD stated that he was responsible to do environmental rounds for the facility including ensuring that emergency exits were unblocked. He added his department was short staffed and he could not be everywhere in the building. The MD stated that he did not document when these environmental rounds were completed. The MD stated that he kept repeating to the nursing staff that they cannot block the emergency exits but stated that he did not tell the Licensed Nursing Home Administrator (LNHA) about the blocked emergency exits because he "works it out" with the staff on the units. During an interview with the surveyor on 05/23/23 at 9:37 AM, the Licensed Practical Nurse/Unit Manager (LPN/UM) for Unit 8 stated that in the event of the need to evacuate the building they would bring residents who could walk to the nearest emergency exit. The LPN/UM stated that the emergency exits should not be blocked because it was a fire hazard and that it would delay people in exiting the building. The LPN/UM stated that a minute of delay during a fire could cost lives. The LPN/UM stated that wheelchairs and patient lifts should be stored in the hallway when not in use but stated that he believed that a patient lift was in the alcove near the emergency exit door on Unit 8 because a resident across the hall needed it. The LPN/UM stated that if he saw equipment in front of the emergency exit door he should remove it.	F 689		

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	315476	A. BUILDING _____ B. WING _____	C 05/23/2023

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F 689	Continued From page 3 During an interview with the surveyor on 05/23/23 at 9:49 AM, the Certified Nursing Assistant (CNA) #1 on Unit 7 stated that the alcoves leading to the the fire escapes were emergency exits and that they should not be blocked. CNA #1 stated that emergency exits should be clear because in the event of an emergency you want to leave the building through the nearest exit because if you attempt to go to a different exit then you might not make it out of the building. During an interview with the surveyor on 05/23/23 at 9:59 AM, CNA #2 on Unit 8 stated that nothing should be stored in front of the emergency exits because they should be clear at all times in case the fire department had to come in through the door or in case they had to take residents outside through the exit doors to get them to safety. During an interview with the surveyors on 05/23/23 at 10:08 AM, the Assistant Director of Nursing (ADON #1) stated that she was responsible to check for the safety of the units on the north side of the building including Units 7, 8, and 9. The ADON stated that her safety checks included that emergency exit doors were unobstructed. The ADON continued that she checked Units 7 and 8 that morning and she removed medical equipment from Unit 7 and she was not sure why it was in the alcove again. The ADON stated she did not yet check the safety of Unit 9. The ADON stated that emergency exit doors should not be blocked and that to block them was dangerous to the residents because they would not be able to get out with, "easy access." The ADON stated that most of the time	F 689		

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	315476	A. BUILDING _____ B. WING _____	C 05/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT THE FOUNTAINS	595 COUNTY AVENUE SECAUCUS, NJ 07094

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F 689	Continued From page 4	F 689		

she saw medical equipment stored in the alcoves in front of the fire escapes. The ADON stated that she did not tell the Director of Nursing or LNHA about the blocked fire doors, but that fire safety was discussed by administration during staff meetings.

During an interview with the surveyors on 5/23/23 at 3:03 PM, the LNHA stated that he expected the emergency exit doors to be clear and unblocked for the safety of the residents.

The facility's job description for "Maintenance Director" included under the Responsibilities/Accountabilities section: "Concerns his/herself with the safety of all facility residents in order to minimize the potential for fire and accidents."

The facility's job description for "Assistant Director of Nursing Services" included under the Responsibilities/Accountabilities section: "Concerns his/herself with the safety of all facility residents in order to minimize the potential for fire and accidents."

Review of the facility's Floor Plan indicated that the fire escapes on Units 7, 8, and 9 were designated as, "evacuation stairwells."

The facility policy titled, "Emergency Preparedness Plan Evacuation Procedures and Responsibilities" with a reviewed date of 11/22 indicated that "Ambulatory residents will be evacuated first using all appropriate exits ...All wheelchair and Geri-chair residents will be evacuated second to the exit areas...Non-ambulatory (bed residents) will be

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	315476	A. BUILDING _____ B. WING _____	C 05/23/2023

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ALARIS HEALTH AT THE FOUNTAINS	**595 COUNTY AVENUE SECAUCUS, NJ 07094**

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F 689	Continued From page 5 evacuated using any available wheelchairs, Geri chairs or carried utilizing the "two man blanket carry'..." NJAC 8:39-31.4(a)	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	60918	A. BUILDING: _____ B. WING _____	C 05/23/2023

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ALARIS HEALTH AT THE FOUNTAINS	595 COUNTY AVENUE SECAUCUS, NJ 07094

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H 000	Initials Comments COMPLAINT #: NJ00164286 CENSUS: 272 SAMPLE SIZE: 4 The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 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.	H 000		
H 560	8:43E-3.7(a) ENFRCMNT REMDS: APPOINTMENT OF A RECEIVER Pursuant to N.J.S.A. 26:2H-42 et seq., the Department may seek an order or judgement in a court of competent jurisdiction, directing the appointment of a receiver for the purpose of remedying a condition or conditions in a residential health care facility, assisted living facility, or long-term care facility, that represent a substantial or habitual violation of the standards of health, safety, or resident care adopted by the Department or pursuant to Federal law or regulation. This REQUIREMENT is not met as evidenced by:	H 560		6/9/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/09/23

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	60918	A. BUILDING: _____ B. WING _____	C 05/23/2023

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H 560	Continued From page 1 Based on facility document review on 5/23/2023, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 6 of 21-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: 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: One Certified Nurse Aide (CNA) to every eight residents for the day shift. 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 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. 1. A review of the "Nurse Staffing Report" completed by the facility for the weeks of 4/30/23 to 5/6/23, 5/7/23 to 5/13/23, and 5/14/23 to	H 560	1) An investigation was conducted, no residents were affected by the deficient practice. 2) All residents have the potential to be affected by the deficient practice: the facility will maintain the required minimum direct care staff-to-resident ratios as mandated by the State of New Jersey. 3) The staffing coordinator was educated on the proper staffing levels of: One Certified Nurse Aide (CNA) to every eight residents for the day shift. 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 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 4) An audit tool was created to ensure that the facility is properly staffed. The audit will be done weekly until compliance is met. The results of this audit will be reviewed at the monthly QAPI meeting. 5) The Administrator is responsible for this plan of correction.	

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H 560	Continued From page 2 5/20/23 revealed the staffing to resident ratios did not meet the minimum requirement of 1 CNA to 8 residents for the day shift. The facility was deficient in CNA staffing for 6 of 21 day shifts as follows: -04/30/23 had 30 CNAs for 269 residents on the day shift, required 34 CNAs. -05/01/23 had 30 CNAs for 269 residents on the day shift, required 34 CNAs. -05/06/23 had 31 CNAs for 269 residents on the day shift, required 34 CNAs. -05/07/23 had 32 CNAs for 269 residents on the day shift, required 34 CNAs. -05/09/23 had 31 CNAs for 269 residents on the day shift, required 34 CNAs. -05/14/23 had 29 CNAs for 268 residents on the day shift, required 33 CNAs.	H 560		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315476	A. Building B. Wing	7/7/2023

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT THE FOUNTAINS	595 COUNTY AVENUE SECAUCUS, NJ 07094

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 F0689 Reg. # 483.25(d)(1)(2) LSC	Correction Completed 06/20/2023	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
5/23/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO