

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

PRINTED: 10/13/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315476	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/18/2022
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NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT THE FOUNTAINS	STREET ADDRESS, CITY, STATE, ZIP CODE 595 COUNTY AVENUE SECAUCUS, NJ 07094
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS Complaint #: NJ00158740 Census: 255 Sample Size: 6 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 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of	F 755		11/18/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 11/03/2022
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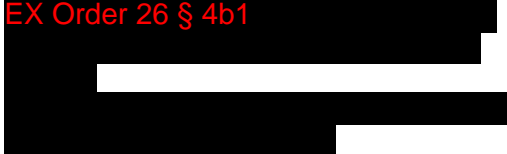
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 755	<p>Continued From page 1</p> <p>receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: C #: NJ00158740</p> <p>Based on observation, interview and review of medical records and other facility documentation on 10/18/22 and 10/19/22, it was determined that the facility failed to ensure that all staff administering medications were authorized according to professional standards of clinical practice and to follow the facility policy on "Administration Medications" for 1 of 6 residents (Resident #6). The deficient practice was evidenced by the following:</p> <p>During the tour of Unit 11 on 10/18/22 at 9:48 am, the surveyor interviewed the Certified Nursing Assistant (CNA #1). CNA #1 revealed that a few months ago she provided the medication to a resident because the resident was having a behavior problem. CNA#1 further revealed that the Resident was refusing his/her medications from the assigned Nurse (Registered Nurse, RN #2). RN #2 handed CNA#1 the medications and she gave it to the Resident while RN #2 stood there.</p> <p>During the interview with the Assistance Director of Nursing (ADON #2) on 10/18/22 at 3:40 pm, the ADON stated that on 7/19/22, the Temporary Nursing Aide (TNA) reported the aforementioned</p>	F 755	<ol style="list-style-type: none"> 1) An investigation was conducted, resident number 6 was not affected by the deficient practice. 2) All residents have the potential to be affected by the deficient practice: all medication will be administered by the registered nurse or licensed practical nurse. 3) All registered nurses and licensed practical nurses will be given a comprehensive education on the 10 rights of medication administration. Education will be provided in regard to proper documentation and drug diversion. 4) An audit tool was created to monitor that all registered nurses or licensed practical nurses received these educations. Med pass competencies will be done on all the nurses spanning for three months. The results of this audit will be reviewed at QAPI meeting. 5) The Director of Nursing is responsible for this plan of correction. 		

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F 755	<p>Continued From page 2</p> <p>incident involving Resident #6. ADON #2 added that she educated RN #2 not to let the CNAs give the medication to any resident because they were unauthorized and had no license to give any medications to the residents.</p> <p>According to the "ADMISSION RECORD (AR)", Resident #6 was admitted to the facility on <small>EX Order 26.4(b)(1)</small> with diagnoses that included but was not limited to: EX Order 26 § 4b1.</p> <p>The Minimum Data Set (MDS) an assessment tool dated 8/12/22, showed Resident #6's cognition was EX Order 26 § 4b1.</p> <p>Review of the "MEDICATION ADMINISTRATION RECORD (MAR)" for Resident #6 showed that the following medications were administered on 7/19/22 on the following times:</p> <p>EX Order 26 § 4b1, to be given at 7:30 am.</p> <p><small>EX Order 26 § 4b1</small> tablet Chewable <small>EX Order 26 § 4b1</small> by mouth one time a day for <small>EX Order 26 § 4b1</small>, to be given at <small>EX Order 26 § 4b1</small>.</p> <p>EX Order 26 § 4b1 by mouth two times a day for <small>EX Order 26 § 4b1</small>, to be given at <small>EX Order 26 § 4b1</small>.</p> <p>EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p>	F 755		

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F 755	<p>Continued From page 3</p> <p>EX Order 26 § 4b1</p>  <p>The surveyor conducted an interview with RN #2 on 10/19/22 at 10:50 am, she stated she handed the aforementioned medications to CNA #1 on 7/19/22 to give it to Resident #6 because he/she would not accept the medication from RN #2. She acknowledged that the CNA gave the aforementioned medications to Resident #6 and swallowed all the medications.</p> <p>The CNA/TNA "Job Description" showed "...The Certified Nurse Aide performs various resident care activities and related nonprofessional services essential to caring for personal needs and comfort of residents..."</p> <p>The "Job Description Registered Nurse-R.N. unit Manager/Supervisors", showed "...Prepare and administer medications as ordered by practitioner...Legal/Ethical-RN Unit Managers/Supervisors are required to understand legal/ethical professional standards of practice including but not limited to: -Practicing in accordance with legislation affecting nursing practice -Fulfilling duty of care including recognizing standards of care, clarifying responsibilities for aspects of care with other members of the interdisciplinary team, and recognizing responsibility to prevent harm...."</p> <p>The facility policy titled " Medication Administration" dated 7/24/22, showed "...dispense medications safely and accurately...11. If a Resident refuses to take a</p>	F 755			

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F 755	Continued From page 4 medication, indicate Refusal in MAR. Educate to benefits of adherence and document occurrence..."	F 755			
F 760 SS=D	<p>NJAC 8:39-29.2(d) Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)</p> <p>The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: C# NJ00158740</p> <p>Based on interviews and record review, as well review of pertinent facility documents on 10/18/22 and 10/19/22, it was determined that the facility failed to follow the physician order and to follow the facility policy on Administering Medications for 1 of 6 residents (Resident #1) reviewed for medication error. This deficient practice is evidenced by the following:</p> <p>According to the "ADMISSION RECORD (AR)", Resident #1 was admitted to the facility on ^{Ex.Order 26.4(b)} with diagnosis that included but was not limited to: EX Order 26 § 4b 1</p> <p>The Minimum Data Set (MDS) an assessment tool dated 10/5/22, showed Resident #1's cognition was Ex.Order 26.4(b)(1) with Activities of daily living.</p> <p>The Care Plan (CP) dated 9/7/22 showed that the Resident had a behavior of Ex.Order 26.4(b)(1) and had diagnosis of EX Order 26 § 4b 1. Intervention included but not limited;</p>	F 760	<ol style="list-style-type: none"> 1) An investigation was conducted, resident number 1 was not found to be harmed by the deficient practice 2) All residents have the potential to be affected by the deficient practice: medication will be administered with the correct dose 3) All registered nurses and licensed practical nurses will triple check the order prior to administering medication. All nurses will be educated on the 10 rights of medication administration. 4) An audit tool was created to monitor that all nurses are triple checking the orders prior to administering medication. The unit manager or ADON will be conducting the audit. This audit will be done for three months. The results of this audit will be reviewed at QAPI meeting. 5) The Director of Nursing is responsible for this plan of correction. 	11/18/22	

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F 760	<p>Continued From page 5 ensure that medications were given.</p> <p>The "Order Summary Report (OSR)" dated 9/7/22, showed an order for EX Order 26 § 4b1 [REDACTED]</p> <p>The "MEDICATION ADMINISTRATION RECORD (MAR)" showed the aforementioned orders.</p> <p>The form "INDIVIDUAL PATIENT CONTROLLED SUBSTANCE ADMINISTRATION RECORD (IPCSAR)", from 9/10/22 to 10/18/22 showed the following:</p> <p>On 9/17/22, 9/25/22, and 10/16/22, EX Order 26 § 4b1 [REDACTED] which was not according to the physician's order.</p> <p>The Progress notes (PN) from 9/7/22 to 10/18/22 showed no documentation indicating that the primary physician (PP) was notified that the aforementioned order was not administered according to the physician's order on the aforementioned dates and time.</p> <p>The surveyor conducted an interview with the Assistant Director of Nursing (ADON #1) on 10/18/22 at 1:39 pm, the ADON stated that he was not aware of the medication error.</p> <p>The surveyor conducted a telephone interview with Registered Nurse (RN #1) on 10/18/22 at 2:51 pm, RN #1 stated that she worked on 10/16/22 on 3:00 to 11:00 pm shift and remembered she administered EX Order 26 § 4b1 [REDACTED]. She further stated that she was not aware that the Resident #1's aforementioned</p>	F 760			

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F 760	Continued From page 6 medication was suppose to be ^{Ex.Order 26.4(b)(1)} instead of ^{Ex.Order 26.4(b)(1)} The policy titled "Medication Administration", dated 7/24/22, showed "... To dispense medications safely and accurately...Controlled Drugs...3. Follow all rules for proper identification of Resident and checking of Physician's order..." The policy titled "Medication Errors", dated 7/24/22, showed "...To establish a procedure for monitoring and keeping a record of any errors which may be observed in the medication system in this Facility, whether they occur through the source of supply, or in the ordering or administration of medications..."	F 760			
F 812 SS=F	NJAC 8:39-11.2(b) NJAC 8:39-27.1(b) Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.	F 812		11/18/22	

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F 812	<p>Continued From page 7</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: C# NJ00158740</p> <p>Based on observations, interviews, and review of pertinent facility document on 10/18/22 and 10/19/22, it was determined that the facility failed to ensure hot food and cold beverages were served within the appropriate temperature range to reduce or prevent food safety hazards associated with food borne illnesses. The facility also failed to follow their policy titled "Food Preparation", "Food Temperatures", and "Transportation of Food." The deficient practice was identified for 4 of 5 Units (Unit #7, #8, #9, and #11) and 5 test trays reviewed for food service safety. This was evidenced by the following:</p> <p>On 10/18/22 at 1:00 PM, the surveyor observed lunch on Unit 11 dining room. The hot food was served in a disposable plates and China. The plates were with and without domes (hard plastic that covers the top and bottom of the plate) and had no thermal pellets (thermal warmer placed under the plate). The surveyor conducted a test tray on the unit in the presence of another surveyor, the Food Service Director (FSD) and the Dietary Supervisor (DS) #1. The surveyor and the FSD's thermometers were calibrated prior to the test. The test tray was conducted on the 2 last trays to be served and the results recorded were as follows:</p>	F 812	<ol style="list-style-type: none"> 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: food and beverages will be served within appropriate temperature range 3) The food service director in-serviced the kitchen staff that for hot food, the plates will have domes and pellets to keep the food warm and the food carts will have insulated coverings to ensure the food is being served at the appropriate temperature. For the cold items, the food will be placed in the freezer for an hour and then placed on a bed of ice while preparing serving line. 4) An audit tool was created to monitor the food temperatures are within appropriate range. The food service director will conduct this audit. This audit will be done for three months. The results of this audit will be reviewed at QAPI meeting 5) The Administrator is responsible for this plan of correction 		

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F 812	<p>Continued From page 8</p> <p>Tray #1 Turkey Chili - 108 degrees Fahrenheit (°F) Green beans - 106 °F Milk - 59 °F Milkshake - 66 °F</p> <p>Tray #2 Meatballs - 100 °F Green beans - 87 °F Milk - 98 °F</p> <p>On 10/19/22 at 11:59 AM, the surveyor observed the Dietary Aid (DA) #1 transporting Unit 7's meal delivery cart from the kitchen through the back door to outside of the building towards Unit 11 dining room door via walkway and ramp. The meal cart arrived on the unit 12:06 PM, delayed by 6 minutes based on the facility's meal delivery time. The cart was covered with a clear disposable plastic and the temperature outside at the time of transport was 51 °F. The surveyor observed China plates with domes but without a thermal pellet. The surveyor conducted the test tray in the presence of another surveyor and DS #2. The surveyor and DS #2's thermometers were calibrated prior to the test. The test tray was conducted on the last tray to be served and the results recorded were as follows:</p> <p>Tray #3 Veal - 138 °F Pasta carbonara - 135 °F</p> <p>Vegetables - 135 °F Milk - 50 °F</p> <p>On 10/19/22 at 12:13 PM, the surveyor continued to conduct the test tray in the presence of another surveyor and DS #2 on Unit 8. The plates were in</p>	F 812			

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F 812	<p>Continued From page 9</p> <p>the dome but there was no thermal pellet under the plates. The test tray was conducted on the last tray to be served and the results recorded were as follows:</p> <p>Tray #4 Veal - 108 °F Pasta carbonara - 89 °F Vegetables - 94 °F Milk - 55 °F Coffee - 141 °F</p> <p>On 10/19/22 at 12:13 PM, the surveyor continued to conduct the test tray in the presence of another surveyor and DS #2 on Unit 9. The plates were in the dome but there was no thermal pellet under the plates. The test tray was conducted on the last tray to be served and the results recorded were as follows:</p> <p>Tray #5 (Pureed) Veal - 122 °F Pasta carbonara - 132 °F Vegetables - 124 °F Milk - 55 °F Coffee - 147 °F</p> <p>On 10/18/22 at 3:15 PM, the surveyor interviewed DA #2, DA #3, and DA #4, they stated that they use disposable plates and utensils when they ran out of China plates and silverwares and the problem had already been reported to the FSD and Administrator. They added that the kitchen lacks supply of the domes and thermal pellets which helps keep the food warm. Furthermore, the kitchen Elevator the staff utilizes to deliver the meals to Unit #7, #8, #9, #11, and #12 (North Units) was broken for more than a month and the meal cart had to be transported outside the</p>	F 812			

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F 812	<p>Continued From page 10 building from the kitchen through Unit #11 dining room to get to North Units.</p> <p>On 10/19/22 at 8:53 AM, the surveyor interviewed the Director of Maintenance (DM), he stated that the kitchen elevator was out of order since 9/16/22 when the contracted elevator service provider performed an inspection and the pressure relief test failed. He added that the elevator will be repaired once the needed part for the elevator arrived which could take about 6-8 weeks from today.</p> <p>On 10/19/22 at 9:20 AM, the surveyor interviewed the FSD who stated that food temperature must not be in the danger zone (food temperature above 41 °F and below 135 °F that allow the rapid growth of pathogenic microorganisms that can cause foodborne illness) and acknowledged that the results of the test trays were not within the temperature range guidelines. She stated that hot food temperature should have been above 160 °F and cold beverages should have been below 40 °F. The surveyor asked why the food temperatures were not within the range guidelines. She answered that there were shortages of China plates, domes, and thermal pellets which helps keep the food warm. The elevator which staff utilizes to transport the meal cart for the north units was broken for more than a month now and the meal cart was being transported from the kitchen to outside of the building through Unit 11 dining room, thus extra time is added during transport. She explained that those issues were affecting the hot food causing the temperatures to change so when the meal cart arrived on the units, the temperature was in the danger zone. She further stated that wind or the weather outside may also be a factor since</p>	F 812			

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F 812	<p>Continued From page 11</p> <p>the facility uses an open meal cart. The surveyor asked why the milk temperature was 50 °F or over which should have not been affected since it was a cold item. The FSD could not answer and stated that moving forward, milk and other cold beverages would be placed in a container with ice to keep it cold or it would be the the last item to be added to the tray.</p> <p>The surveyor reviewed the facility's Infection Control Surveillance (ICS) for October 2022 and there was no food borne related illnesses or Gastrointestinal related infections noted on the documents. The surveyor also reviewed the facility's weight summary report for the month October and there was no significant weight loss pattern for the past 30 days.</p> <p>The policy titled "Food Preparation", revised 12/10/07, showed "Procedure...1. Foods that are to be served cold should be kept cold (40 °F or less) through all stages of storage, processing, and serving...2. Foods to be served hot are to be kept so that the internal and surface temperature do not fall below 140 °F..."</p> <p>The policy titled "Transportation of Foods", revised 12/10/07, showed "Policy: The following should be observed to see that contamination is not introduced or possible bacterial contamination is not afforded...2. Transportation containers must be able to maintain hot food temperature above 140 degrees while in transit. Cold food items such as milk are added to trays as close to delivery time..."</p> <p>The policy titled "Food Temperature", reviewed 4/20/22, showed "Policy All food is to be prepared, held, and served within the appropriate</p>	F 812			

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

PRINTED: 10/13/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315476	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/18/2022
NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT THE FOUNTAINS			STREET ADDRESS, CITY, STATE, ZIP CODE 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)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 812	Continued From page 12 ranges set forth in this manual. Purpose To provide the highest quality of food. To prevent the growth of undesirable microorganism and other food spoilage..." N.J.A.C. 8:39-17.4(a)2	F 812			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315476	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/18/2022	Y3
NAME OF FACILITY ALARIS HEALTH AT THE FOUNTAINS			STREET ADDRESS, CITY, STATE, ZIP CODE 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 F0755	Correction	ID Prefix F0760	Correction	ID Prefix F0812	Correction
Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # 483.45(f)(2)	Completed	Reg. # 483.60(i)(1)(2)	Completed
LSC	11/18/2022	LSC	11/18/2022	LSC	11/18/2022
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 10/18/2022

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