

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

PRINTED: 11/15/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315200</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/29/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARISTACARE AT PARKSIDE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 W STIMPSON AVE LINDEN, NJ 07036</b>
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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
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F 000	INITIAL COMMENTS  CENSUS: 155  SAMPLE: 11  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 as it relates to the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	F 000		
F 880 SS=E	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 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 §483.70(e) and following accepted national standards;	F 880		10/29/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  10/30/2022
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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 880	Continued From page 1  §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 by staff involved in direct resident contact.  §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.  §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F 880			

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F 880	<p>Continued From page 2</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> <p>Based on interviews and review of pertinent facility documentation on 9/29/22, it was determined that the facility failed to ensure all staff entering the building were screened for [redacted] signs and [redacted] in accordance with the facility policy "Outbreak Plan" and "Screening Protocol" and Centers for Disease Control and Prevention (CDC) guidelines for 23 of 71 Employees (E #4, #5, #6,#7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25 and #26) reviewed for [redacted] Screening. This deficient practice was evidenced by the following:</p> <p>Reference: Centers for Disease Control and Prevention (CDC) COVID-19, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 9/23/22, showed "1. Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic... Establish a process to make everyone entering the facility aware of recommended actions to prevent transmission to others if they have any of the following three criteria...2) symptoms of COVID-19..."</p> <p>Review of the facility line listing (LL) provided by the facility on 9/29/22, showed that the [redacted] was first identified on [redacted] involving E #1 and the last [redacted] for [redacted] was on [redacted] involving E #2. The LL further showed that E #1 and E #2 were [redacted].</p>	F 880	<p>One, actions taken for the concern identified:</p> <p>" The screening process has been changed from electronic self-screening to personalized screening to be conducted by the receptionist/covering front desk staff</p> <p>Two, identification of others who have the potential to be affected:</p> <p>" All residents have the potential to be affected.</p> <p>Three, system changes and measures that will be made:</p> <p>" The facility has 24 hour reception coverage. The receptionist /designee will screen all employees and visitors/vendors upon their arrival to the facility. " If any employee or visitor/vendor do not qualify for entrance, the receptionist will notify the DON, IP or Supervisor immediately for further evaluation. Or will not allow entry " All receptionists and covering front desk staff will be in-serviced on the new process</p> <p>Four, monitoring:</p> <p>" Random audits will be completed by IP/designee weekly x 4 weeks for a month and then monthly for three months. " Results of all audits will be reported through QA Steering Committee for 3</p>	

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F 880	<p>Continued From page 3</p> <p>Reviewed of the Screening Audit (SA) dated 9/27/22 and 9/28/22 for 7:00 am-3:00 pm and 11:00 pm-7:00 am shifts showed no documentation that E #4 through E #26 screened themselves for signs and <span style="background-color: black; color: black;">NJ Ex Order 26.4(b)(1)</span> or <span style="background-color: black; color: black;">NJ Ex Order 26.4(b)(1)</span>.</p> <p>During the interview with E #11 on 9/29/22 at 3:11 pm, E #11 stated that she came to work and provided care to residents on <span style="background-color: black; color: black;">NJ Ex Order 26.4</span> and <span style="background-color: black; color: black;">NJ Ex Order 26.4</span> and she was aware that the facility had cases of <span style="background-color: black; color: black;">NJ Ex Order 26.4</span> in the building. E #11 further stated that she could not recall if she screened herself for <span style="background-color: black; color: black;">NJ Ex Order 26.4(b)(1)</span> prior entering the facility on <span style="background-color: black; color: black;">NJ Ex Order 26.4</span> and <span style="background-color: black; color: black;">NJ Ex Order 26.4</span>.</p> <p>Interviewed with the <span style="background-color: black; color: black;">U.S. FOIA (b) (6)</span> and the <span style="background-color: black; color: black;">U.S. FOIA (b) (6)</span> on 9/29/22 at 4:37 pm, they stated that employees were to self screen for <span style="background-color: black; color: black;">NJ Ex Order 26.4(b)(1)</span> and not enter the building if they have <span style="background-color: black; color: black;">NJ Ex Order 26.4(b)(1)</span> or <span style="background-color: black; color: black;">NJ Ex Order 26.4(b)(1)</span> (<span style="background-color: black; color: black;">NJ Ex Order 26.4(b)(1)</span>...). The Administration were made aware that employees failed to screen themselves for <span style="background-color: black; color: black;">NJ Ex Order 26.4(b)(1)</span> on <span style="background-color: black; color: black;">NJ Ex Order 26.4</span> and <span style="background-color: black; color: black;">NJ Ex Order 26.4</span>.</p> <p>The facility policy titled "Outbreak Plan", dated 7/10/22, showed "...The facility's outbreak response plan is built to fit to the facility's needs...The facility's plan includes but shall not be limited to...Screening Protocol: A. Staff Self Screening...Self-screen for symptoms prior to reporting to work...Facility shall screen and log HCP [health care providers] and everyone entering the facility for symptoms of the infectious disease..."</p> <p>Review of the facility policy titled "Screening Protocol", dated 1/15/2022, showed "A. Staff Self</p>	F 880	<p>months. Following the 3 months the Committee will determine the frequency and need of the reports.</p> <p>--Root cause analysis was performed and In-service to all staff was done.</p> <p>The following in-services were done.</p> <p>Frontline staff - Youtube _ Keep COVID Out!</p> <p>Topline staff and IP - Module 1 - Infections Prevention &amp; Control Program</p> <p>Topline staff and IP - Module 4 - Infection Surveillance</p> <p>Topline staff and IP - Module 5 - Outbreaks</p> <p>All staff including topline and IP - Module 6A - Principles of Standard Precautions</p> <p>All staff including topline and IP - Module 6B - Principles of Transmission Based Precautions</p> <p>Completion Date: 11/8/22</p>	

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F 880	Continued From page 4 Screening...Self-screening for symptoms prior to reporting to work...Facility shall screen and log HCP and everyone entering the facility for symptoms of the infectious disease..."  NJAC 8:39-19.4 (b)	F 880		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315200	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/2/2022	Y3
NAME OF FACILITY ARISTACARE AT PARKSIDE			STREET ADDRESS, CITY, STATE, ZIP CODE 400 W STIMPSON AVE LINDEN, NJ 07036		

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 F0880	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	10/29/2022	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 9/29/2022

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