STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315352	A. BUILDING _____ B. WING _____	01/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT ST MARY'S	135 SOUTH CENTER STREET ORANGE, NJ 07050

(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 Standard Survey: 1/13/22 Census: 135 Sample Size: 30 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. A COVID-19 Focused Infection Control Survey was conducted in conjunction with the recertification survey. The facility was found to be 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 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §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	F 656		1/25/22

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

Electronically Signed | 01/26/2022

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	Continued From page 1 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 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. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (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. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to develop a comprehensive care plan for floor maintenance program (FMP) and failed to revise restorative nursing program (RNP) care plan after the RNP was discontinued. The deficient practice occurred for 1 of 1 resident (Resident Executive) reviewed for limited range of motion. On 1/6/22 at 10:00 AM, the surveyor observed Resident Executive lying in bed with eyes closed attached to a Executive Order 26, 4.b. and had Executive Order 26, 4.b.	F 656	What corrective action will be accomplished for those residents affected by the deficient practice? 1.] A Comprehensive care plan for Executive Order 26, 4.b. was corrected and completed on a resident Executive who was affected by this deficient practice on	

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F 656	Continued From page 2 Executive Order 26, 4.b.). Executive Order 26, 4.b. . The surveyor observed Executive Order 26, 4.b. and Executive Order 26, 4.b. . The surveyor reviewed Resident Executive 's Executive Order medical records (paper and electronic) that revealed the following. According to the Executive Order 26, 4.b. Record, Resident Executive was admitted with diagnoses that included Executive Order 26, 4.b. The resident was ventilator dependent via Executive Order 26, 4.b. (a Executive Order 26, 4.b.). According to the Order Summary Report (monthly physician's orders), Resident Executive needed to be Executive and Executive Order 26, 4.b. Executive Order 2 Executive Order every shift. However, there was no order for the Executive Order 26, 4.b. and Executive Order 26, 4.b. that the surveyor had observed. During a review of the resident's care plans, the surveyor observed three active care plans: 1. [The resident] has Executive Order 26, 4.b. in Executive Order 26, 4.b. status Executive Order 26, 4.b. initiated on Executive Order 26, that included an intervention to "Apply Executive Order 26, 4.b. as ordered. Apply 9:00 am - 3:00 pm. 2. "FMP: Executive Order 26, 4.b. " initiated on Executive Order and revised on Executive Order 26 Under Executive Order 26, 4.b. the following: "FMP Perform Executive Order 26, 4.b.] and Executive Order 26, 4.b.] Executive Order 26, 4.b. ." This	F 656	1/18/2022. 2.] In-services were initiated on the implementation of Executive Order 26, 4.b. comprehensive care plan on both Nursing and Rehab departments on 1/25/2022. How will the facility identify other residents having the potential to be affected by the same deficient practice? 1.] All residents in the facility have the potential to be affected by the deficient practice. What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur? 1.] The UMs or ADONs will make audits on about 5 residents daily for 3 months; then 5 residents weekly for the next 3 months, and then 5 residents monthly for another 3 months How will the facility monitor its	

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F 656	Continued From page 3 intervention was the only one listed and dated 11/3/21. 3. "[Executive Order 26, 4.b.] Program: [Executive Order 26, 4.b.]. [Executive Order 26, 4.b.] initiated on [Executive Order 26, 4.b.] and revised on [Executive Order 26, 4.b.]. The interventions included the following: "FMP:[Executive Order 26, 4.b.] to be [Executive Order 26, 4.b.] "Refer to [Executive Order 26, 4.b.] Department for questions or change of status" dated [Executive Order 26, 4.b.] and Check [Executive Order 26, 4.b.] f [Executive Order 26, 4.b.] According to the Quarterly Minimum Data Set an assessment tool, dated [Executive Order 26, 4.b.], Resident [Executive Order 26, 4.b.] was not receiving [Executive Order 26, 4.b.]. On 1/10/22 at 12:06 PM, the surveyor interviewed the Registered Nurse Unit Manager (RNUM) who stated that the resident was not on [Executive Order 26, 4.b.] care plan should have been discontinued. The RNUM wasn't aware that the [Executive Order 26, 4.b.] weren't included on the FMP care plan and wasn't aware there were no physician's orders for the [Executive Order 26, 4.b.]. The RNUM was unable to find documentation of the [Executive Order 26, 4.b.] [Executive Order 26, 4.b.] On 1/10/22 at 12:30 PM, the surveyor discussed the above concern with the Administrator and Director of Nursing (DON). At 2:15 PM, the Administrator provided information that there was documentation that the [Executive Order 26, 4.b.] were being applied by the nursing staff. However, the Administrator stated that when the resident was [Executive Order 26, 4.b.] to the hospital and returned to the facility the order for [Executive Order 26, 4.b.] and	F 656	corrective actions to ensure that the deficient practice is being corrected and will not recur? 1.] The Director of Nursing or designee will review results of monthly audits and will present results of these monthly audits to the QAPI meeting for 3 quarters	

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F 656	Continued From page 4 Executive Order were not carried over. The DON could not explain why the Executiv P care plan was not developed as a comprehensive care plan and why the Executive O care plan was not revised to show the Executive Ord was discontinued. NJAC 8:39-27.1(a)	F 656		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to follow accepted nursing standards of practice while 1.) administering an Executive Order 26, 4.b. medication and 2.) applying Executive Order without a physician's order. The deficient practice was identified for 1of 5 nurses observed during the Medication Administration task and 1 of 1 residents (Resident Executive O reviewed for Executive Order 26, 4.b. Executive Order 2 The deficient practices were evidenced by the following: 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	F 658	What corrective action will be accomplished for those residents affected by the deficient practice? 1.] All licensed nurses were inserviced on correct post□ administration of oral inhalers to make sure residents will rinse their oral cavity with water and spit on 1/20/2022. 2. For Resident Executive O the physician was contacted and the recommendation from the Rehab department for use of the Executive Order 26, 4.b. was approved and ordered by the Physician.	1/20/22

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F 658	Continued From page 5 such services as casefinding, 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." 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 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." 1. The surveyor observed the Licensed Practical Nurse (LPN) administer medications to Resident #99 on 01/06/22 at 08:02 AM. The LPN administered the following medication which was ordered by the physician on [redacted] - [redacted] The LPN did not instruct Resident [redacted] to rinse with water and spit after inhaling the [redacted] of [redacted] The surveyor interviewed the LPN at 8:35 AM when Resident [redacted]'s medication pass was completed. The LPN stated she does not routinely instruct residents to rinse and spit after administration of oral inhalers. The surveyor interviewed the Registered Nurse Unit Manager (RNUM) on 1/06/22 at 09:08 AM. The RNUM stated the LPN was nervous and should have instructed the resident to rinse after	F 658	2.] All licensed nurses were inserviced regarding use of [redacted] following MD□s order in the POS [Physician Order sheet] on [redacted] How will the facility identify other residents having the potential to be affected by the same deficient practice? 1.] All residents in the facility have the potential to be affected by the deficient practice. What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur? 1.] The above stated in□services such as post □administration of [redacted] following Physician□s order in the POS (Physician Order Sheets) will be implemented for all nurses and will continue upon hire, annual evaluation and PRN (As Needed) by ADONs (Assistant Director of Nursing). 2.] The UMs (Unit Managers) or ADONs (Assistant Director of Nursing) will do audits daily on about 3	

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F 658	Continued From page 6 puffs. The manufacturer specifications for Advair HFA Oral Inhaler Use Highlights of Prescribing Information, revised August 2021, instructs the user to (Step 7.) "Rinse your mouth with water after breathing in the medicine. Spit out the water. Do not swallow it." The facility's policy and procedure entitled Administering Medications through a Metered Dose Inhaler, issued 9/2019, was provided to the surveyor by the Administrator on 1/11/22. Procedure #10 indicated the nurse should instruct the resident to rinse with water and spit after the inhalation. 2. On 1/6/22 at 10:00 AM, the surveyor observed Resident [redacted] lying in bed with eyes closed attached to a [redacted] and had [redacted]. The surveyor observed [redacted] The surveyor reviewed Resident #86's medical records ([redacted]) that revealed the following. According to the [redacted] Record, Resident was admitted with diagnoses that included [redacted] The resident was [redacted]. According to the Quarterly Minimum Data	F 658	residents that are on [redacted] and/or [redacted] ; and make sure there□s a corresponding Physician□s order in the chart for 3 months; then weekly for the next 3 months ; then monthly for the next 3 months. How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur? 1.] The UMs (Unit Manager) or ADONs (Assistant Director of Nursing) will conduct competencies on all nurses and nurses upon hire, annually and as needed. 2.] The UM□s(Unit Manager) or ADONs (Assistant Director of Nursing) will do audits daily on 3 residents that have an order for [redacted] and will check randomly the nurses administering the inhaler to ensure rinse and spit are done daily for 3 months; then weekly for the next 3 months; then monthly for the next 3 months and submit to the ADONs (Assistant Director of Nursing). 3.] The results of the	

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F 658	Continued From page 7 Set an assessment tool, dated Executive Order 26, 4, the resident is Executive Order 26, 4.b.. There were three current care plans related to the resident's mobility status that included following interventions: 1. Executive Order 26, 4.b. and Executive Order 26, 4.b. [redacted]." 2. "Executive Order 26, 4.b. [redacted] Executive Order 26, 4.b. [redacted] The Executive Order 26, 4.b. included: Executive Order [redacted] Executive Order 26, 4.b. [redacted] 3. [The resident] has Executive Order 26, 4.b. [redacted] Executive Order 26, 4.b. [redacted] Apply Executive Order 26, [redacted] Executive Order 26, 4.b. [redacted] Executive Order 26, 4.b. The December 2021 Order Summary Report (monthly physician's orders) and the electronic order sheet, indicated that Resident Executive had an order for the following: Executive Order 26, 4.b. [redacted]" However, there was no order for the Executive Order 26, 4.b. Executive Order that the surveyor had observed were in use. On 1/10/22 at 12:06 PM, the surveyor interviewed the Registered Nurse Unit Manager who stated that she wasn't aware that the Executive Order 2 weren't included on the Executive Order 26, 4.b. and wasn't	F 658	monthly audits will be reviewed by Director of Nursing or designee and these monthly results will be presented to the QAPI meeting in a quarterly basis	

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F 658	Continued From page 8 aware there were no physician's orders for the Executive Order 26, 4.b. On 1/10/22 at 12:30 PM, the surveyor discussed the above concern with the Administrator and Director of Nursing. At 2:15 PM, the Administrator provided information that there was documentation that the Executive Order 26, 4.b. by the nursing staff. However, the Administrator stated that when the resident was Executive Order 26, 4.b. and returned to the facility the order for Executive Order 26, 4.b. and Executive Order 2 were not carried over. NJAC 8:39-11.2(b); 27.1(a)	F 658		
F 695 SS=D	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 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to follow the physician's order for the administration of Executive Order 2. This was found with 1 of 5 residents reviewed for respiratory care, Resident Executive Order 2 The deficient practice was evidenced by the following:	F 695	What corrective action will be accomplished for those residents affected by the deficient practice? All licensed nurses were inserviced on following Physician's order correctly for the	1/21/22

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F 695	Continued From page 9 On 1/5/22 at 12:02 PM, the surveyor observed Resident [redacted] in bed. [redacted] was being delivered to the resident through a [redacted] ([redacted]) that was attached to [redacted]. The surveyor reviewed the resident's record which revealed the following: An Admission Record with diagnoses which included [redacted] A Physician's Order Sheet (POS) with an order that read [redacted] @ [redacted]. The order was dated [redacted]. The same order was repeated by the physician when the resident was [redacted], [redacted] A electronic Medication Administration Record (eMAR) that listed the [redacted] and read [redacted]. The eMAR was initialed by the nurse on [redacted] to indicate that the [redacted] had been delivered to the resident at the rate that was prescribed by the physician in contrary to the observation by the surveyor on that date. On 1/6/22 at 8:53 AM, the surveyor observed the resident in their bed receiving [redacted] On 1/6/22 at 10:57 AM the surveyor observed the	F 695	administration of [redacted] on those residents with order of continuous [redacted] on [redacted]. How will the facility identify other residents having the potential to be affected by the same deficient practice?] All residents in the facility have the potential to be affected by the deficient practice. What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur? The UM's or ADONs will do audit on about 3 residents in their units with order of continuous [redacted], make sure the order in the POS is being followed correctly , and receiving the correct amount of [redacted] ordered by MD and care planned daily for 3 months ; then weekly for the next 3 months; then monthly for the another 3 months. How will the facility monitor its corrective actions to ensure	

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F 695	Continued From page 10 resident, who was still in bed. The Executive Order 26, 4.b. On 1/06/22 at 11:31 AM, the surveyor spoke with the Licensed Practical Nurse (LPN) who was assigned to the resident. The surveyor and the LPN went to the resident's room. The surveyor asked him what the Executive Order 26, 4.b. was supposed to be. The LPN said Executive Order 26, 4.b.. He looked at it and said he couldn't see what the setting was because he didn't have his glasses on. He looked at it several times and then readjusted the dial to Executive Order 26, 4.b. The LPN said he could not wear his reading glasses under the face shield he was wearing because he couldn't see when he walked. He said he checked the resident that morning, took the resident's vital signs and checked the resident's Executive Order 26, 4.b. level Executive Order 26, 4.b. . He said the resident's Executive Order 26, 4.b. level was fine so he wasn't worried. He said he didn't check the setting yet because there was no reason to. He reiterated that he wasn't worried because the resident's Executive Order 26, 4.b. level was fine. On 1/6/22 at 11:38 AM, the surveyor asked the Unit Manager (UM) who was responsible for monitoring the Executive Order 26, 4.b. setting when a resident was receiving Executive Order 26, 4.b.. She said it was the nurse who checked the Executive Order 26, 4.b. settings during rounds, and they adjust the Executive Order 26, 4.b. depending on the Executive Order 26, 4.b. level. If the resident maintained a Executive Order 26, 4.b. level they would decrease the Executive Order 26, 4.b. setting and call the doctor. She said she had just called the doctor to see if they could Executive Order 26, 4.b. setting. The surveyor asked the UM if that process was in the facility's policy.	F 695	that the deficient practice is being corrected and will not recur? 1.] The UMs or ADONs will conduct competencies on all nurses and nurses upon hire, annually and as needed. 2.] The results of the monthly audits will be reviewed by the Director of Nursing or designee and these monthly results will be presented during the QAPI meeting for 3 quarters	

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F 695	Continued From page 11 The UM said she didn't know but the [redacted] who saw the residents in the facility told the staff they could adjust the [redacted] settings and call the physician afterwards. On 1/10/22 at 12:51 PM, the survey team spoke with the Director of Nursing (DON), and the Administrator about the concern with the [redacted] not being set at the level ordered by the physician. The surveyor asked the DON if the UM's statement was accurate. The DON said "Whatever is the doctor's order is what should be followed." On 1/11/21 at 10:15 AM, the surveyor reviewed the facility's policy and procedure titled "Oxygen Therapy" and dated 9/2018. Under "Policy" the policy read "The purpose of oxygen therapy is to administer oxygen in cases where insufficient oxygen is carried to the tissues by the blood. Oxygen therapy is administered only as ordered by a physician or as an emergency measure until an order can be obtained. The physician's order will specify the rate of oxygen flow." Under "Procedure" number 7 read "Make sure oxygen flow rate and concentration remain as ordered by the physician."	F 695		
F 711 SS=F	NJAC 8:39-27.1 (a) 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	F 711		1/25/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315352	A. BUILDING _____ B. WING _____	01/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT ST MARY'S	135 SOUTH CENTER STREET ORANGE, NJ 07050

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F 711	Continued From page 12 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 interview and record review, it was determined that the facility failed to ensure that the residents primary physician sign and date monthly physician orders to ensure that the residents current medical regimen was appropriate. This deficient practice was observed for 21 of 30 residents (Resident #17, #58, #39, #2, #37, #61, #86, #75, #38, #96, #131, #130, #120, #49, #67, #114, #76, #82, #105, #10, and #74) reviewed and occurred over several months. This deficient practice was evidenced by the following: The surveyors reviewed the [redacted] medical records [redacted]) for the residents listed above that revealed the residents primary physician had not hand sign the Order Summary Reports (monthly physician's orders) located in the residents chart. In addition there were no electronic signatures under the physician's orders for the following residents: 1. Resident [redacted]s hybrid medical record revealed the resident's physician had not hand sign or electronically sign the monthly physician's orders for [redacted], [redacted] and [redacted]	F 711	What corrective action will be accomplished for those residents affected by the deficient practice? 1.] The monthly Physician's orders of resident #[redacted] for [redacted] were placed in the chart and signed by MD by [redacted] 2.] The monthly Physician's orders of resident [redacted] for [redacted] were signed by MD by [redacted] 3.] The monthly Physician's order of resident [redacted] for [redacted],	

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F 711	Continued From page 13 Executive Orc monthly physician's orders was not in the chart and there was no electronic signature. 2. Resident Executive's Executive Order medical records revealed the resident's physician had not hand sign or electronically sign the monthly physician's orders for Executive Order 26, 4.b. and Executive Order 26, 4.b. 3. Resident Executive's Executive Orde medical records revealed the resident's physician had not hand sign or electronically sign the monthly physician orders for Executive Order 26, 4.b. and Executive Order 26, 4.b. Executive Order 26, 4.b. monthly physician's orders were not in the chart and there was no electronic signature. 4. Resident Executive's Executive Order medical records revealed the resident's physician had not hand sign or electronically sign the monthly physician's orders for Executive Order 26, 4.b. and Executive Order 26, 4.b. Executive Order 26, 4.b. Executive Order 26, 4.b. monthly physician's orders were not in the chart and there was no electronic signature. 5. Resident Executive's Executive Order medical records revealed the resident's physician had not hand sign or electronically sign the monthly physician's orders for Executive Order 26, 4.b. and Executive Order 26, 4.b. Executive Order 26, 4.b. monthly physician's orders was not in the chart and there was no electronic signature. 6. Resident # Executive hybrid medical records revealed the resident's physician had not hand sign or electronically sign the monthly physician's orders for Executive Order 26, 4.b. and Executive Order 26, 4.b. Executive Order 26, 4.b. monthly physician's orders was not in the chart and there was no electronic signature.	F 711	Executive Order 26, 4.b. were placed and signed in the chart and signed by MD by Executive Order 26, 4.b. 4.] The monthly Physician's orders of resident Executive for Executive Order 26, 4.b. were placed in the chart and signed by MD by Executive Order 26, 4.b. 5.]The monthly Physician's orders of resident Executive for Executive Order 26, 4.b. were placed in the chart and signed by MD by Executive Order 26, 4.b. 6.]The monthly Physician's orders of resident Executive for Executive Order 26, 4.b. were placed in the chart and signed by MD Executive Order 26, 4.b. 7.]The monthly Physician's orders for	

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F 711	Continued From page 14 7. Resident [redacted] medical records revealed the resident's physician had not hand sign or electronically sign the monthly physician's orders for [redacted]. [redacted] monthly physician's orders was not in the chart and there was no electronic signature. 8. Resident [redacted] medical records revealed the resident's physician had not hand sign or electronically sign the monthly physician's orders for [redacted], [redacted] and [redacted] 9. Resident #[redacted] [redacted] medical records revealed the resident's physician had not hand sign or electronically sign the monthly physician's orders for [redacted] and [redacted]. October 2021 monthly physician's orders was not in the chart and there was no electronic signature. 10. Resident [redacted] medical records revealed the resident's physician had not signed the monthly physician's orders for [redacted] monthly physician's orders was not in the chart and there was no electronic signature. 11. Resident #[redacted] [redacted] medical records revealed the resident's physician had not hand sign or electronically sign the [redacted] orders from [redacted]. The resident was [redacted]. 12. Resident [redacted] medical records revealed that the physician did not sign and date	F 711	resident #[redacted] for [redacted] were placed in the chart and signed by MD by [redacted] 8.] The monthly Physician's orders for resident #[redacted] for [redacted] were signed by MD by [redacted] 9.] The monthly Physician's orders for resident [redacted] for [redacted] were placed in the chart and signed by MD by [redacted] 10.] The monthly Physician's orders for resident [redacted] for [redacted] were placed in the chart and signed by MD by [redacted] 11.] The Admission	

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F 711	Continued From page 15 the monthly physician's orders (PO) and there was no electronic signature for the months of Executive Order 26, 4.b. 13. Resident Executive Or Executive Orde medical records revealed that the physician did not sign and date the monthly PO and there was no electronic signature for the months of Executive Order 26, 4.b., Executive Order 26, 4.b. 14. Resident Executive Order 26, 4.b. medical records which revealed that the physician did not sign and date the monthly PO and there was no electronic signature for the months of Executive Order 26, 4.b. Executive Order 26, 4.b.. 15. Resident Executive Order 26, 4.b. medical records revealed that the physician did not sign and date the monthly PO and there was no electronic signature for the months of Executive Order 26, 4.b. Executive Order 26, 4.b. 16. Resident # Executive Order 26, 4.b. medical records revealed that the physician did not sign and date the monthly PO and there was no electronic signature for the month of Executive Order 26, 4.b.. There was no printed PO sheet in the resident's medical record for the month of Executive Order 26, 4.b. and no electronic signature. 17. Resident Executive Order Executive Orde medical records revealed that the physician did not sign and date the monthly PO and there was no electronic signature for the month of Executive Order 26, 4.b. According to the Executive Order 26, 4.b. record the resident was admitted in Executive Order 26, 4.b. 18. Resident # Executive Or revealed that the physician did not sign and date the monthly PO and there	F 711	orders for resident Executive Or on Executive Order 26, 4.b. were signed and dated by MD by Executive Order 26, 4.b.. 12.] The monthly Physician's orders for resident Executive for Executive Order 26, 4.b. were placed in the chart and signed by MD by Executive Order 26, 4.b.. 13.] The monthly Physician's orders for resident Executive for Executive Order 26, 4.b. were placed in the chart, signed and dated by MD by Executive Order 26, 4.b. 14.] The monthly Physician's orders for resident Executive for Executive Order 26, 4.b. were placed in the chart, signed and dated by MD by Executive Order 26, 4.b. 15.] The monthly Physician's orders for resident Executive for Executive Order 26, 4.b. and	

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F 711	Continued From page 16 was no electronic signature for the months of Executive Order 26, 4.b. There was no printed PO sheet in the resident's medical record for the month of Executive Order 26, 4.b. and no electronic signature. 19. Resident Executive Order Executive Order medical records revealed the Executive Order 26 and Executive Order 26, 4 monthly Order Summary Reports, filed in the paper record, were not hand signed by physician. The electronic record of physician orders did not contain an electronic signature for Executive Order 26, 4.b.. 20. Resident Executive OnExecutive Order medical records revealed the Executive Order 26, 4.b. monthly Order Summary Reports, filed in the paper record, were not hand signed by physician. The electronic record of physician orders did not contain an electronic signature for Executive Order , Executive Order 26, 4.b.. 21. Resident Executive On Executive Orde medical records revealed the Executive Order 26, 4.b. and Executive Order 26, 4 monthly Order Summary Reports, filed in the paper record, were not hand signed by physician. The electronic record of physician orders did not contain an electronic signature for Executive Order 26, 4.b. . On 01/06/22 at 09:59 AM the surveyor interviewed the Registered Nurse Unit Manager (RNUM) on the Executive Order 26, 4 who stated the orders should be signed by the physician each month. She stated she was not aware the orders were not signed. On 1/10/22 at 10:30 AM spoke to the RNUM on the Executive Order 26, 4.b who stated that all the nurses were responsible to make sure the physician's were	F 711	Executive Order 26, 4.b. were placed in the chart, signed and dated by MD by Executive Order 26, 4.b. 16.] The monthly Physician's orders for resident # Executive for Executive Order 26, 4.b. were placed in the chart, signed and dated by MD by Executive Order 26, 4.b. 17.] The Admission orders for resident # Executive on Executive Order 26, 4.b and monthly Physician orders for Executive Order 26, 4.b. were signed and dated by MD by Executive Order 26, 4.b. 18.] The monthly Physician's orders for resident # Executive for Executive Order 26, 4.b. were placed in the chart, signed and dated by MD by Executive Order 26, 4.b. 19.] The monthly Physician's orders for resident Executive Ord for Executive Order 26, 4.b. were placed in the chart,	

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F 711	Continued From page 17 signing their monthly orders. The RNUM stated it was difficult to get the physician's to sign orders. At 12:15 PM, the surveyor interviewed the RNUM on the [redacted] who stated "we got to work on this." On 1/10/22 at 12:48 PM, the surveyors discussed the above concerns with the Administrator and Director of Nursing. The Administrator acknowledged that having difficult with the physician's signing their physician orders. The facility's policy titled Physician Visits and Services revised on 2018 indicated under Procedure "The attending physician must directly supervise the activities leading to the treatment of the resident." The policy did not include the review, signing and dating of monthly physician's orders. NJAC 8:39-35.2,7	F 711	signed and dated by MD by [redacted]. 20.] The monthly Physician's orders for resident [redacted] for [redacted] were placed in the chart, signed and dated by MD by [redacted] 21.] The monthly Physician's orders for resident [redacted] for [redacted] were placed in the chart, signed and dated by MD by [redacted] How will the facility identify other residents having the potential to be affected by the same deficient practice? 1.] All residents in the facility have the potential to be affected by the deficient practice What measures will be put in place or systemic changes made to ensure that the deficient	

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ALARIS HEALTH AT ST MARY'S	**135 SOUTH CENTER STREET ORANGE, NJ 07050**

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F 711	Continued From page 18	F 711	practice will not recur? The UM's or ADONs will do audits on 5 residents in their units regarding monthly Physician orders that it must be signed and dated by MD on a daily basis for 3 months ; then 10 residents weekly for the next 3 months then 20 residents monthly for the next 6 months. How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur? 1.] The results of the monthly audits will be reviewed by the Director of Nursing or designee and the results of the monthly audits will be presented during QAPI meeting for 4 quarters.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315352 Y1	A. Building B. Wing Y2	3/9/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT ST MARY'S	135 SOUTH CENTER STREET ORANGE, NJ 07050

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 F0658	Correction	ID Prefix F0695	Correction
Reg. # 483.21(b)(1)	Completed	Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.25(i)	Completed
LSC	01/25/2022	LSC	01/20/2022	LSC	01/21/2022
ID Prefix F0711	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.30(b)(1)-(3)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/25/2022	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	

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	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
1/13/2022	☐ YES ☐ NO