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 _____	C 04/15/2025

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 Complaint #: NJ00185165 Census: 164 Sample Size: 4 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 660 SS=D	Discharge Planning Process CFR(s): 483.21(c)(1)(i)-(ix) §483.21(c)(1) Discharge Planning Process The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions. The facility's discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and- (i) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident. (ii) Include regular re-evaluation of residents to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes. (iii) Involve the interdisciplinary team, as defined by §483.21(b)(2)(ii), in the ongoing process of developing the discharge plan. (iv) Consider caregiver/support person availability and the resident's or caregiver's/support	F 660		5/7/25

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

Electronically Signed | 05/15/2025

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.

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 _____	C 04/15/2025

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 660	Continued From page 1 person(s) capacity and capability to perform required care, as part of the identification of discharge needs. (v) Involve the resident and resident representative in the development of the discharge plan and inform the resident and resident representative of the final plan. (vi) Address the resident's goals of care and treatment preferences. (vii) Document that a resident has been asked about their interest in receiving information regarding returning to the community. (A) If the resident indicates an interest in returning to the community, the facility must document any referrals to local contact agencies or other appropriate entities made for this purpose. (B) Facilities must update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities. (C) If discharge to the community is determined to not be feasible, the facility must document who made the determination and why. (viii) For residents who are transferred to another SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute care provider by using data that includes, but is not limited to SNF, HHA, IRF, or LTCH standardized patient assessment data, data on quality measures, and data on resource use to the extent the data is available. The facility must ensure that the post-acute care standardized patient assessment data, data on quality measures, and data on resource use is relevant and applicable to the resident's goals of care and treatment preferences.	F 660		

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 _____	C 04/15/2025

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 660	Continued From page 2 (ix) Document, complete on a timely basis based on the resident's needs, and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan. The results of the evaluation must be discussed with the resident or resident's representative. All relevant resident information must be incorporated into the discharge plan to facilitate its implementation and to avoid unnecessary delays in the resident's discharge or transfer. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 185165 Based on observation, interview, record review and review of other facility documentation on 4/08/25 and 4/15/25, it was determined that the facility failed to implement and document an effective discharge plan to ensure a safe and effective transition of care for 1 of 3 residents reviewed for discharge planning, (Resident # 2). This deficient practice was evidenced by the following: The surveyor reviewed the Admission Record of Resident #2 which revealed that the resident was admitted to the facility [redacted] with diagnoses that included but not limited to: [redacted] A review of Resident #2's Admission Minimum Data Set (MDS) (an assessment tool) dated [redacted], revealed that the resident had a Brief Interview for Mental Status (BIMS) score of [redacted] which indicated that the resident [redacted] The Functional Status portion of the assessment specified that the resident required [redacted] or [redacted] to [redacted] and	F 660	1) Resident #2 was previously discharged from the facility. 2) All residents who are being discharged to the community have the potential to be affected by these deficient practices. 3) All Interdisciplinary Team Members who participate in Utilization Review and Discharge Planning process were inserviced by Regional Quality Assurance RN on discharge planning process and identifying resident's health and safety needs in the community setting. A Discharge Planning Needs Checklist was created to be used for all residents with planned discharge to the community setting. This checklist will be filled out by the interdisciplinary team identifying special needs, support, home care and equipment required for discharge to the community. Discharge Planning Policy was revised by the Administrator to include the Discharge Planning Needs Checklist.	

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 _____	C 04/15/2025

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 660	Continued From page 3 NJ Ex Order 26.4b1 with NJ Ex Order 26.4b1. Additional active diagnoses noted on the assessment included: NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1. Resident #2's Care Plan (CP), with a focus that was initiated on NJ Ex Order 26.4b, showed [Resident #2] wishes to be discharged to their home. The interventions included but were not limited to: NJ Ex Order 26.4b1 ; Provide NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 upon discharge to community. A review of the Order Summary Report (OSR), Resident #2 had an order to discharge to home with NJ Ex Order 26.4b1 , dated NJ Ex Order 26.4b. The surveyor reviewed a document titled, NJ Ex Ord Discharge Summary, "with dates of service NJ Ex Order 26.4b1, revealed under discharge recommendations: NJ Ex Order 26.4b1. The Surveyor reviewed a document titled "Discharge Instructions Form" with date of discharge on NJ Ex Order 26.4b, however, was signed by Resident #2 on NJ Ex Order 26.4b1, revealed Resident was to be discharged to home with family. The surveyor reviewed in Progress notes a Interdisciplinary Team (IDT) note written by the US FOIA (b)(6)) on NJ Ex Order 26.4b at 1:08 PM. The note indicated "[Resident #2] was discharged to NJ Ex Order 26.4b1] located at.... US FOIA spoke to [Resident #2's family member] via telephone, [Resident #2's family member #...],	F 660	The Discharge Planning Needs Checklist for all residents with a planned discharge to the community will be reviewed by the Interdisciplinary Team weekly in the Utilization Review Meeting. The Interdisciplinary Team will discuss these needs on a weekly basis during the Utilization Review Meeting to assure a safe discharge location is identified for resident. The Regional Quality Assurance RN inserviced the Social Workers on the discharge planning process including required documentation for discharge planning and on making appropriate referrals to any visiting home care services needed. The Interdisciplinary Team audited all residents with planned discharge dates to the community to determine if discharge needs have been identified and that discharge plans meet the resident's health and safety needs. The Director of Nursing will audit a sample of 5 planned discharges to the community per month to ensure documentation reflects that discharge planning process identified appropriate health and safety needs of residents with a planned discharge and that appropriate referrals were made to visiting home care services. 4) The Director of Nursing will report the results of these audits to the Administrator	

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 _____	C 04/15/2025

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 660	Continued From page 4 prior to setting up NJ Ex Order 26.4b1 to notify of [Resident #2's] discharge location. [Resident #2's family member] was also informed that [Resident #2] was NJ Exec Order 26.4b1 for LTC due to NJ Exec [redacted]. [Family member] verbalized understanding." Surveyor reviewed an email that was provided by the US FOIA (b)(6) [redacted]) dated NJ Ex Order 26.4b1 at 1:01 PM, that she had sent to the US FOIA (b)(6) [redacted]), and US FOIA (b)(6) [redacted]). The email stated Resident #2's US FOIA (b)(6) [redacted]), requested for Resident #2 to remain in facility for LTC and that the US FOIA would assist with a custodial authorization. There was no further documentation provided on the discussion of Resident #2's discharge. In a phone interview on 4/8/25 at 12:06 PM with the US FOIA with Resident #2's insurance company, she stated that due to Resident #2 being NJ Ex Order [redacted] and having a diagnosis of NJ Ex Order 26.4b1 [redacted] that Resident #2's discharge would be NJ Ex Order 26.4 [redacted], and that they would provide a custodial authorization so Resident #2 could remain in facility while she would find placement. She further stated that she spoke with the US FOIA (b)(6) prior to Resident #2's discharge on NJ Ex Order 26.4b1 [redacted]. NJ Ex O [redacted] stated that Resident #2 was re-admitted into the hospital on NJ Ex Order 26.4 [redacted] On 4/8/25 at 12:32 PM, in an interview with the US FOIA (b) [redacted], he stated that Resident #2 was not able to be discharged back home, and placement was found with NJ Ex Order 26.4b1. The US FOIA (b) [redacted] stated that he does not make the decision regarding discharges, the discharges are discussed at the	F 660	on a monthly basis. All findings will be reported quarterly during the QAPI meeting for the next 2 quarters by the Director of Nursing. The QAPI committee will evaluate to determine continuing frequency of audits.	

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 _____	C 04/15/2025

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 660	Continued From page 5	F 660		

Utilization Review (UR) meeting, and Resident #2's discharge was discussed at the UR meeting. He stated that he does not recall a request for a custodial authorization.

In a phone interview on 4/8/25 at 2:22 PM with US FOIA (b)(6), she stated that she is familiar with discussions of Resident #2 during the UR meetings. She stated that on NJ Ex Order 26.4b, the UR team discussed discharge due to resident meeting prior level of function. She stated that she was not familiar with the discussion to the NJ Ex Order 26.4b1, and that the last time the discharge location was discussed was on NJ Ex Order 26.4b1 and Resident #2 was going to be discharged home with family member. She does not recall an email that was sent from the US FOIA for a request of custodial authorization.

During an interview with US FOIA (b) on 4/08/25 at 3:29 PM, he revealed he was aware of the order for NJ Ex Order 26.4b1 services, however, the NJ Ex Order 26.4b1 services were not initiated for Resident #2 as ordered. He further stated that even though NJ Ex Order 26.4b1 services are ordered, it does not necessarily mean that the resident needs those services. The US FOIA (b)(6) further revealed NJ Ex Order 26.4b1 do not usually provide services in NJ Ex Order 26.4b1 and he was not sure which facilities would accommodate the ordered services due to not being familiar with the area.

In a phone interview on 4/8/25 at 3:45 PM, with the US FOIA (b)(6) of the NJ Ex Order 26.4b1], she stated that she was familiar with Resident #2 and was present when they arrived at the NJ Ex Order 26.4b1. She stated that a criterion to be admitted into their NJ Ex Order 26.4b1 is the resident must be NJ Ex Order 26.4b1

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 _____	C 04/15/2025

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 660	Continued From page 6	F 660		

In an interview with the [US FOIA (b)(6)] on 4/8/25 at 2:40 PM, she stated that all discharges are discussed in the Interdisciplinary Team meetings as well as the Utilization Review meetings. She stated that Resident #2's discharge was discussed in the UR meeting, and due to the resident being [NJ Ex Order 26.4b1], the resident no longer fit the criteria to remain in the facility.

In an interview with a [US FOIA (b)(6)] on 4/8/25 at 5:21 PM, she stated Resident #2 was [NJ Ex Order 26.4b1] with Activities of Daily Living (ADLs). She further stated that Resident #2 was [NJ Ex Order 26.4b1], and stated the resident would [NJ Ex Order 26.4b1] with a [NJ Ex Order 26.4b1] or [NJ Ex Order 26.4b1]

In exit interview on 4/8/25 at 5:37 PM with [US FOIA (b)], [US FOIA (b)(6)], the [US FOIA (b)] stated that discharges are discussed in UR meetings, and that Resident #2 was [NJ Ex Order 26.4b1] at time of discharge. Surveyor requested for UR meeting documentation where the discharge was discussed, but no UR documentation was provided.

In a phone interview on 4/9/25 at 3:06 PM with Resident #2's [US FOIA (b)(6)], he stated that he was not aware of Resident #2's discharge to a [NJ Ex Order 26.4b1], and that the [NJ Ex Order 26.4b1] services were not initiated according to his orders. He further stated, "he expects staff to follow the [US FOIA (b) (6)] orders, and for the staff to find appropriate facilities to accommodate [NJ Ex Order 26.4b1] services."

The surveyor reviewed the facility policy,

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 _____	C 04/15/2025

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 660	Continued From page 7 "Discharge Planning" (Effective 10/2018), last reviewed on 1/2025 which revealed the following: Under the heading titled, "Policy Interpretation and Implementation": "1. When the facility anticipates a resident's discharge a discharge plan, summary and instructions will be developed which will assist the resident to adjust to his or her new living environment. 2. The discharge plan will be developed by the Care Planning/Interdisciplinary Team with the assistance of the resident and his or her family. 3. The Social Services Department will review the plan with the resident and family before the discharge is to take place ...."	F 660		
F 745 SS=D	NJAC 8:39-5.4(b)(c); 39.1 Provision of Medically Related Social Service CFR(s): 483.40(d) §483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00185165 Based on interviews, medical record reviews, and review of other pertinent facility documents on 04/08/25, it was determined that the facility's [US FOIA (b)(6)] failed assist a resident in obtaining needed [NJ Exec Order 26.4b1], as required by the "Job Description for [US FOIA (b)(6)]." The [US FOIA (b)] also failed to follow the facility's "Discharge Policy" policy for 1 of 3 residents (Resident #2). This deficient practice was evidenced by the following:	F 745	1) Resident #2 was previously discharged from the facility. 2) All residents who are being discharged to the community have the potential to be affected by these deficient practices. 3) The Regional Quality Assurance RN inserviced the Social Workers on the discharge planning process including required documentation for discharge planning and on making appropriate	5/7/25

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 _____	C 04/15/2025

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 745	Continued From page 8 Review of the Electronic Medical Records (EMRs) is as follows: The surveyor reviewed the Admission Record of Resident #2 which revealed that the resident was admitted to the facility NJ Ex Order 26.4b1 with diagnoses that included but not limited to: NJ Ex Order 26.4b1 [redacted] A review of Resident #2's Admission Minimum Data Set (MDS) (an assessment tool) dated NJ Ex Order 26.4b1, revealed that the resident had a Brief Interview for Mental Status (BIMS) score of NJ Ex which indicated that the resident was NJ Ex Order 26.4b1 [redacted]. The Functional Status portion of the assessment specified that the resident NJ Ex Order 26.4b1 [redacted] to NJ Ex Order 26.4b and NJ Ex Order 26.4b1 with NJ Ex Order 26.4b1. Additional active diagnoses noted on the assessment included: NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1. A review of Resident #2's Care Plan (CP), with a focus that was initiated on NJ Ex Order 26.4b, showed [Resident #2] wishes to be discharged to their home. The interventions included but were not limited to: Make arrangements with required NJ Exec Order 26.4b1 to support NJ Ex Order 26.4b1 post-discharge i.e. NJ Ex Order 26.4b1 [redacted]; Provide needed assistance with NJ Exec Order 26.4b1 upon discharge to community. A review of the Order Summary Report (OSR), Resident #2 had an order to discharge to home with NJ Ex Order 26.4b1 [redacted] dated NJ Ex Order 26.4b1.	F 745	referrals to any visiting home care services needed. A Discharge Planning Needs Checklist was created to be used for all residents with planned discharge to the community setting. This checklist will be filled out by the interdisciplinary team identifying special needs, support, home care and equipment required for discharge to the community. The Discharge Planning Needs Checklist for all residents with a planned discharge to the community will be reviewed by the Interdisciplinary Team weekly in the Utilization Review Meeting. The Social Workers will utilize this checklist when planning discharge to assure all identified needs are met. The Director of Nursing will audit a sample of 5 planned discharges to the community per month to ensure documentation reflects that discharge planning process identified appropriate health and safety needs of residents with a planned discharge and that appropriate referrals were made to visiting home care services. 4) The Director of Nursing will report the results of these audits to the Administrator on a monthly basis. All findings will be reported quarterly during the QAPI meeting for the next 2 quarters by the Director of Nursing. The QAPI committee will evaluate to determine continuing frequency of audits.	

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 _____	C 04/15/2025

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 745	Continued From page 9	F 745		

The Surveyor reviewed in Progress notes a Interdisciplinary Team (IDT) note written by the US FOIA (b)(6)) on NJ Ex Order 26.4b at 1:08 PM. The note indicated "[Resident #2] was discharged to NJ Ex Order 26.4b1] located at.... US FOIA spoke to [Resident #2's family member] via telephone, [Resident #2's family member #...], prior to setting up NJ Ex Order 26.4b1 to notify of [Resident #2's] discharge location. [Resident #2's family member] was also informed that [Resident #2] was NJ Exec Order 26.4b1 for LTC due to NJ Exec . [Family member] verbalized understanding."

No further documentation was provided regarding discussions on discharge to NJ Ex Order 26.4b1 prior to time of discharge.

During an interview with US FOIA (b) on 4/08/25 at 3:29 PM, he revealed that NJ Ex Order 26.4b1 services were not initiated as ordered. He further stated that even though NJ Ex Order 26.4b1 services are ordered, does not necessarily mean that the resident needs those services. The US FOIA (b) further revealed NJ Ex Order 26.4b1 do not usually provide services in NJ Ex Order 26.4b1 , and he was not sure which facilities would accommodate the ordered services due to not being familiar with the area.

In a phone interview on 4/9/25 at 3:06 PM with Resident #2's US FOIA (b)(6), he stated that he was not aware of Resident #2's discharge to a NJ Ex Order 26.4b1, and that the NJ Ex Order 26.4b1 services were not initiated according to his orders. He further stated, "he expects staff to follow the US FOIA (b) (6) orders, and for the staff to find appropriate facilities to accommodate NJ Ex Order 26.4b1 services."

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 _____	C 04/15/2025

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 745	Continued From page 10	F 745		

Review of the "Job Description for Social Services Director" revealed the following: Under the heading "Position Summary," "The Social Service Director is responsible for planning and administering social service programs. He/she supervises nursing home social workers and assists in developing facility policies regarding participation in community planning for health and welfare services. The Social Services Director plans and assists in research projects and is responsible for discharge planning/community resources." Under the heading titled, "Responsibilities/Accountabilities," included but not limited to: "...4. Assures medically related social services are provided to maintain or improve each resident's ability to control everyday physical needs (e.g., appropriate adaptive equipment for eating, ambulating, etc.) and mental and psycho social needs (e.g., sense identify, coping abilities, and sense of meaning and purpose...14. Coordinates discharge planning, including the development of an organized discharge plan for all residents;...16. Ensures that residents and families receive the highest quality of service in a caring and compassionate atmosphere which recognizes the individual's needs and rights..."

Review of the facility policy titled "Discharge Policy " last reviewed on 1/2025 indicated the following: Under the heading titled, "Policy statement", revealed "When a resident's discharge is anticipated, a discharge plan, summary and instructions will be developed to assist the resident to adjust to his/her new living environment." Under: Policy Interpretation and Implementation "...2. The discharge plan will be developed by the Care Planning/Interdisciplinary

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 _____	C 04/15/2025

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 745	Continued From page 11 Team with the assistance of the resident and his or her family. 3. The Social Services Department will review the discharge plan with the resident and family before the discharge is to take place..." N.J.A.C. 8.39-39.4 (f)	F 745		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	062209	A. BUILDING: _____ B. WING _____	C 04/15/2025

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) COMPLETE DATE
S 000	Initial Comments Complaint #: NJ00185165 Census: 164 Sample Size: 4 THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT	S 000		

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

Electronically Signed — 05/15/25

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	5/27/2025 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 F0660	Correction	ID Prefix F0745	Correction	ID Prefix	Correction
Reg. # 483.21(c)(1)(i)-(ix)	Completed	Reg. # 483.40(d)	Completed	Reg. #	Completed
LSC	05/07/2025	LSC	05/07/2025	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 ☐	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?
4/15/2025	☐ YES ☐ NO