| 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 _____ | 04/05/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **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 |
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| F 000 | INITIAL COMMENTS<br><br>Survey Date: 04/05/23<br><br>Census: 148<br><br>Sample: 7<br><br>A 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 implementation of the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for Candida auris. | F 000 | | |
| F 880 SS=D | Infection Prevention & Control<br>CFR(s): 483.80(a)(1)(2)(4)(e)(f)<br><br>§483.80 Infection Control<br>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.<br><br>§483.80(a) Infection prevention and control program.<br>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:<br><br>§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 | F 880 | | 5/1/23 |

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

Electronically Signed | 04/25/2023

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<br>arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;<br><br>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:<br>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;<br>(ii) When and to whom possible incidents of communicable disease or infections should be reported;<br>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;<br>(iv)When and how isolation should be used for a resident; including but not limited to:<br>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and<br>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.<br>(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<br>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.<br><br>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.<br><br>§483.80(e) Linens.<br>Personnel must handle, store, process, and | F 880 | | |

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| F 880 | Continued From page 2<br>transport linens so as to prevent the spread of infection.<br><br>§483.80(f) Annual review.<br>The facility will conduct an annual review of its IPCP and update their program, as necessary.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, interviews, review of medical records and other facility documentation, it was determined that the facility failed to minimize the spread of infection during a Ex Order 26. 4B1 [redacted] outbreak by ensuring: a) staff performed hand hygiene when indicated for residents on Ex Order 26. 4B1 [redacted] b) direct care staff were informed of residents who had been previously diagnosed with Ex Order 26. 4B1 and the proper precautions to take to prevent the further spread of infection. This deficient practice was identified for 2 of 7 residents (Residents #5 and #7) reviewed for Ex Order 26. 4B1 [redacted] on 1 of 5 nursing units, (fifth floor nursing unit) in accordance with acceptable standards of infection control practice.<br><br>This deficient practice was evidenced by:<br><br>During the entrance conference on 04/05/23 at 9:25 AM, the Assistant Director of Nursing/Infection Preventionist (ADON/IP) stated that there was one resident on the Second Floor Ventilator Unit, who Ex Order 26. 4B1 [redacted]. The ADON/IP stated that staff were required to donn (put on) personal protective equipment (PPE, protective clothing or equipment that protects the body from infection) which included a gown, gloves, goggles, and a surgical mask prior | F 880 | Sampled residents #5 and #7 showed no negative outcome from the deficient process<br><br>CNA #1 and #2 were identified and re-educated on 4/5/2023 on handwashing and infection control related to transmission based precautions. Both CNA's return demonstrated hand hygiene competency with Nurse Educator.<br><br>CNA #1 and #2 and RN #1 and #2 were identified and re-educated on 4/5/2023 on 24 hr hand-off communication, and shown assignment/communication sheets indicating precautions.<br><br>All residents have potential to be affected.<br><br>Infection Preventionist re-in-serviced all staff on transmission based precautions and importance of hand hygiene and when hand hygiene needs to be performed.<br><br>Nurse Educator in-serviced all direct care staff on shift to shift report and identification of residents on precautions. | |

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| F 880 | Continued From page 3<br>to entering the room of a resident who was on *Ex Order 26. 4B1* related to [redacted]. | F 880 | DON reviewed and revised current staff practice on how transmission based precautions are communicated to direct care staff.<br><br>Every shift performs hand off communication/24hr report which will include identifying who is on precautions. Anyone who is on precautions is listed on Nursing 24hr Report. Residents on transmission based precautions are highlighted on CNA assignment.<br><br>Every shift will have Care Huddle at beginning of shift using a communication tool to review precautions of residents.<br><br>Nurse Educator educated direct care staff on Communication Huddle and communication tool<br><br>Infection Preventionist will audit 5 staff members per audit to monitor staff compliance with Hand Hygiene and staff awareness/compliance with transmission based precautions. Audits will be done 3x/week for 3 months and then 2x/week for 1 month.<br><br>Nurse Educator will do audit to monitor compliance with Shift Huddle/24hr Report. Audits will be done 3x/week for 3 months and then 2x/week for 1 month.<br><br>Infection Preventionist and Nurse Educator will review audits biweekly with DON to review findings and ensure education and or corrective action is taken | |

During a later interview with the surveyor on 04/05/23 at 11:41 AM on the Second Floor Ventilator Unit, the ADON/IP clarified there were five additional residents on the fifth floor who had *Ex Order 26. 4B1* [redacted].

During an interview with the surveyor on 04/05/23 at 11:54 AM, Registered Nurse Unit Manager (RN/UM) #1 of the fifth floor nursing unit stated that there were five residents on the unit who *Ex Order 26. 4B1* [redacted].

At that time, RN/UM #1 further explained that Residents #5 *Ex Order 26. 4B1* [redacted] on *Ex Order 26. 4B1* during surveillance testing at the facility.

On 04/05/23 at 12:23 PM, the surveyor observed Resident #5 who was lying in bed awake and was noted to have a *Ex Order 26. 4B1* [redacted]. There was a three-drawer PPE cart outside of the resident's room which had a box of gloves, and a bottle of alcohol-based hand rub (ABHR) available on top of the cart. There was a stop sign posted on the wall above the cart which cautioned: "Stop. Enhanced Barrier Precautions. Everyone must: clean their hands, including before entering and when leaving the room. Providers and staff must also: Wear gloves and gown for the following high-contact resident care activities: dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting in toileting, Device care or use: central line, urinary catheter, feeding tube, tracheostomy, Wound care: any skin

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| F 880 | Continued From page 4<br>opening requiring a dressing." The surveyor reviewed the name plate that was posted on the wall beside the Stop sign which indicated that two residents resided in the room (Residents #5 and #7), though Resident #7 was not in the room at the time of the observation.<br><br>At that time, the surveyor observed Certified Nursing Assistant (CNA) #1 who was actively engaged in the meal pass before she entered Resident #5's room without first performing hand hygiene. CNA and #1 proceeded to go behind the resident's curtain where she stood in front of the resident's nightstand for a moment before she exited the resident's room without first performing hand hygiene. CNA #1 approached the food cart that was placed in front of the resident's room. When interviewed, CNA #1 stated that she worked at the facility for five years and was permanent on the unit. CNA #1 stated that she entered the room in search of a container of hot water that belonged to the resident, but it was not there. CNA #1 stated that if she were going to attend to the resident, then she would have washed her hands before she entered the room and after she exited the room. CNA #1 stated that she did not touch anything, so she did to have to clean her hands when she left the room. The surveyor referenced the signage posted outside of the room which instructed that everyone must clean their hands, including before entering and when leaving the room. CNA #1 replied, "That is true, you are supposed to wash your hands when leaving the room and the hand sanitizer is available right there on the cart." CNA #1 stated that she received an in-service on [redacted] "last Monday".<br><br>On 04/05/23 at 12:29 PM, the surveyor observed | F 880 | or being given as needed.<br><br>Audits will be reviewed quarterly with Quality Assurance Committee for the next 6 months. | |

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| F 880 | Continued From page 5<br>CNA #2 as she removed a meal tray from the food truck and carried it into Resident #5's room and placed the tray on a bedside table and pushed the table over towards Resident #5. At that time, CNA #1 instructed CNA #2 to bring the tray out of the room and place it back on the food truck as the tray belonged to Resident #7, who was out of the facility at [redacted]. CNA #2 then picked up the tray from the tray table and exited the room, placed the tray back on the shelf of the food cart, then placed her hands bilaterally on the sides of the food cart and began to push it down the hallway without first performing hand hygiene. When interviewed at that time, CNA #2 stated that she did not donn gloves or a gown prior to entering the resident's room because she did not provide resident care. CNA #2 stated that the table she touched belonged to Resident #7 who was presently at [redacted]. CNA #2 stated that the residents who resided in the room did not have anything contagious. When the surveyor referenced the signage and PPE cart outside of the resident's room CNA #2 stated that she cleaned her hands before she left the last room that she was in. CNA #2 stated, "If I did anything else in the room, I would have washed my hands before leaving." CNA #2 stated that if the residents had anything that was contagious, it could have been passed on to other residents, as she did not perform hand hygiene when she exited the room. CNA #2 stated that she was not informed of any infection control issues that she needed to be aware of on the nursing unit. CNA #2 stated that she received report from the nurse, RN #2, and he did not inform her that any of the residents on her assignment had anything contagious, "just traches." CNA #2 further stated that RN #2 told her that the signage posted outside of the resident's room that advised of | F 880 | | |

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| F 880 | Continued From page 6<br>"Enhanced Precautions" pertained to the precautions required to care for residents who had *Ex Order 26. 4B1* , not isolation.<br><br>Review of Resident #5's Admission Record (an admission summary) revealed that the resident was admitted to the facility in *Ex Order 26. 4B1* with diagnosis which included but were not limited to: *Ex Order 26. 4B1* .<br><br>Review of Resident #5's Quarterly Minimum Data Set (MDS), an assessment tool dated *Ex Order 26. 4B1*, revealed that the resident was rarely or never understood, had a *Ex Order 26. 4B1* and had *Ex Order 26. 4B1* .<br>Further review of the MDS revealed that the resident required total dependence of one person for *Ex Order 26. 4B1* and total dependence of two persons for transfers.<br><br>Review of Resident #5's Order Summary Report revealed that on *Ex Order 26. 4B1*, two separate orders were placed for the resident to be placed on both *Ex Order 26. 4B1* .<br><br>Review of Resident #7's Admission Record revealed that the resident was admitted to the facility in *Ex Order 26. 4B1* with diagnosis which included but were not limited to: *Ex Order 26. 4B1* . | F 880 | | |

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| F 880 | Continued From page 7<br>Review of Resident #7's Annual MDS dated [redacted], revealed that the resident had a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, which indicated that the resident was [redacted]. Further review of the MDS indicated that the resident required extensive assistance of two persons for [redacted] and transfers.<br><br>Review of Resident #7's Order Summary Report revealed that on [redacted] and order was placed for [redacted]. Further review of the Order Summary Report revealed that on [redacted], an order was placed for resident to attend [redacted] on Monday, Wednesday and Friday at 9:00 AM, pick up at 8:00 AM. Further review of the Order Summary Report revealed an order that was placed on [redacted], which indicated that resident was ordered a room transfer to current room location (cohorted with Resident #5).<br><br>During an interview with the surveyor on 04/05/23 at 12:36 PM, RN #2 stated that, "The report that [he] provided to CNA #2 was generalized to distress and issues." RN #2 stated that when it came to [redacted], he informed the aides of the type of PPE required. RN #2 stated, "You can tell agency [CNA] one instruction, and they do another." RN #2 stated he was assigned to Residents #5 and #7 and neither of the residents had [redacted]."<br><br>Review of the fifth floor CNA Assignment Sheet dated [redacted] for 7 AM to 3 PM shift indicated that RN #2 was assigned to rooms [redacted] through [redacted] where #5 and #7 resided. Further review of the CNA Assignment Sheet confirmed that CNA #2 was assigned to Resident #5. | F 880 | | |

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| F 880 | Continued From page 8<br><br>During a later interview with surveyor on 04/05/23 at 12:47 PM, RN/UM #1 stated that she provided CNA #2 with report prior to her shift and informed her of which residents to do first and last. RN/UM #1 further stated that she told CNA #2 about the indication for the signage, but she "probably did not understand." RN/UM #1 stated, "CNA #2 did not have to wear a gown and gloves to deliver meal trays, but she did have to wash her hands to prevent the [redacted]."<br><br>During a later interview with the surveyor on 04/05/23 at 1:14 PM, the RN/UM #1 stated that RN #2 was the Supervisor and normally worked on the sixth floor. RN/UM #1 stated, "It was very concerning that he was not aware that residents on his assignment had [redacted]." RN/UM #1 stated that RN #2 was assigned to four of the five residents on the unit who were confirmed to have [redacted]. RN/UM #1 stated that this was significant because he had to ensure that he adhered to the PPE usage to prevent the further spread of infection.<br><br>During an interview with the surveyor on 04/05/23 at 1:25 PM, the Assistant Director of Nursing (ADON)/Nurse Educator (ADON/NE) stated that she provided "some" in-service education regarding [redacted] to the facility staff. ADON/NE stated that it would not be possible for a nurse to be assigned to a [redacted] and not be aware that they had it. ADON/NE stated that if the nurse and aide were not aware that the residents had [redacted], then they would go into the room without the proper PPE and infect someone. ADON/NE stated, "CNA #2 was both contaminating and transmitting if she was not washing her hands and wearing PPE in | F 880 | | |

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| F 880 | Continued From page 9<br>accordance with signage posted outside of the resident's room". ADON/NE further stated, "I am concerned that the Supervisor, RN #2, did not know the residents assigned to him had [redacted]."<br><br>During an interview with the surveyor on 04/05/23 at 2:10 PM, the Regional Quality Assurance Registered Nurse (RQARN) stated that the Unit Managers (UM) were responsible to review the 24-Hour Report and give report to both the aides and the nurses. RQARN clarified that RN #2 was a staff nurse and acted in the role of supervisor at times. RQARN stated that resident's [redacted] status should have been reported to RN #2 by RN/UM #1. The RQARN provided the surveyor with the facility document dated [redacted] titled, "Daily Report" (a 24-Hour Report) which revealed one resident on [redacted] and four resident were on [redacted] including Resident #5 and Resident #7.<br><br>During an interview with the surveyor on 04/05/23 at 2:19 PM, the surveyor asked the ADON/IP what the CNAs should have done when they entered the room of a resident on [redacted] for meal delivery? The DON who was present answered on the ADON/IP's behalf and stated, "She should have performed hand hygiene before entering and upon exiting the room." The DON stated that both RN #2 and CNA #2 were supposed to get report regarding the type of precautions the residents were on, wear appropriate PPE, and perform hand hygiene to prevent the further [redacted].<br><br>The DON further explained that the residents were placed on [redacted] if the resident was actively being treated for a [redacted] | F 880 | | |

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| F 880 | Continued From page 10 | F 880 | | |

Ex Order 26. 4B1 and showed signs and symptoms and PPE was always required regardless of the type of care given. The DON further stated that Ex Order 26. 4B1 was implemented if the resident were NJ Ex Order 26. 4B1 and showed no signs or symptoms.

During a later interview with the surveyor on 04/05/23 at 3:29 PM, the RQARN in the presence of the DON stated, "I would not expect for a CNA to be able to identify the type of Ex Order 26. 4B1 that a resident was infected with." The surveyor informed her that CNA #2 was reportedly not aware that Residents #5 and #7 were on Ex Order 26. 4B1 at all and instead thought that the precautions pertained to care of a resident with a Ex Order 26. 4B1. RQARN stated that when she asked RN #2 if he knew his residents were Ex Order 26. 4B1 he informed her, "I was focused on what I was doing: giving medications, Ex Order 26. 4B1, calling the doctors on the phone etc."

During an interview with the surveyor on 04/05/23 at 4:31 PM, the Administrator provided the surveyor with an "Agency Orientation Checklist" dated Ex Order 26. 4B1 for CNA #2 and stated that it was completed by the former Infection Preventionist. The Administrator further stated that there was nothing specific to Ex Order 26. 4B1 on the check list.

Review of the facility policy titled, "Candida Auris" (Effective 04/01/18) revealed the following:

Policy: All staff will follow the guidelines as outlined by the CDC to decrease the potential for the transmission of the multi-resistant yeast Candida Auris. Procedure: Residents will be placed in private rooms when available. If private

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| 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 880 | Continued From page 11<br>room is unavailable, facility will cohort residents with C Auris as indicated. Resident will be placed on Contact Precautions in addition to Standard Precautions to prevent the spread of infection throughout the facility. Contact Precautions: If it becomes necessary to place a resident who requires Contact Precautions in a room with a resident who is not infected or colonized with the same infectious agent, the following principles shall be followed: ...Change protective attire and perform hand hygiene between contact with residents in the same room, regardless of whether one or both residents are on Contact Precautions. Personal Protective Equipment: Gloves shall be worn whenever touching the resident's intact skin or surfaces and articles in close proximity to the resident (i.e., medical equipment, bed rails). Gloves shall be donned upon entry into the resident's room or cubicle .... Screening: ...If there is any clinical indication that a resident has been infected with C Auris, the PMD (primary medical doctor) will initiate contact precautions and contact the NJDOH (New Jersey Department of Health) Regional Epidemiologist (a person who is an expert in the branch of medicine that deals with the incidence, distribution and possible control of diseases).<br><br>Review of the facility policy titled, "Infection Control: Standard Precautions & Transmission Based Precautions" (Revised 05/16/22) revealed the following:<br>Intent: It is the policy of the facility to ensure that appropriate infection prevention and control measures are taken to prevent the spread of communicable disease and infections in accordance with State and Federal Regulations and national guidelines.<br>Enhanced Barrier Precautions (EBP) is an | F 880 | | |

| 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 _____ | 04/05/2023 |

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

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|---|---|---|---|---|
| F 880 | Continued From page 12<br>approach of targeted gown and glove use during high contact resident care activities, designed to reduce transmission of C. Auris and MDRO's (multi-drug resistant organisms). ...Facilities may consider placing residents with known MDRO colonization on EBP to control MDRO transmission if Contact Precautions do not apply.<br><br>Review of the facility policy titled; "Handwashing/Hand Hygiene" (Reviewed 12/22) revealed the following:<br>Policy: To provide guidelines for effective handwashing/hand hygiene, in order to prevent the transmission of bacteria, germs and infections.<br>Guidelines: Handwashing/Hand hygiene will be performed by staff as follows: ...On entering and leaving an isolation room, after contact with a source that is likely to be contaminated with microorganisms. This includes but is not limited to, infected or heavily colonized patients, or objects, or devices contaminated with patient's secretions or excretions such as urinary catheters, suction catheters, NG (nasogastric, supplying the stomach via the nose) tubes, urinals, etc., Before and after serving resident meal trays ...If hands are not visibly soiled, hands may be disinfected with an alcohol-based hand rub (ABHR). In these situations the CDC encourages the use of ABHR's.<br>Alcohol-based Hand Rub (ABHR) Procedure: Put products on hands and rub hands together. Cover all surfaces until hands feel dry. (This should take around 20 seconds).<br>Hand Washing Procedure: Turn on water and adjust temperature, Soap hands well, rub hands briskly, pay attention to areas between the fingers, for at least 20 seconds, Rinse with hands lowered to allow soiled water to drain directly into | F 880 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 315352 | A. BUILDING _____ B. WING _____ | 04/05/2023 |

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

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|---|---|---|---|---|
| F 880 | Continued From page 13<br>the sink, Dry hands well, especially fingers, Use disposable hand towel to turn off faucet.<br><br>NJAC 8:39-19.4 (a) | F 880 | | |

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<br>B. Wing Y2 | 5/25/2023 Y3 |

| NAME OF FACILITY | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ALARIS HEALTH AT ST MARY'S | 135 SOUTH CENTER STREET<br>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 F0880 | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # 483.80(a)(1)(2)(4)(e)(f) | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | 05/01/2023 | 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 ☐ | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR | DATE |
|---|---|---|---|---|
| REVIEWED BY CMS RO ☐ | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |

| FOLLOWUP TO SURVEY COMPLETED ON | |
|---|---|
| 4/5/2023 | ☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO |