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 01/23/2025

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	F 000		

Complaint #s NJ: 167555, 168201, 168643, 173977, 177957, 178282, 178308, 179357, 180392, 180408

Survey Date: 1/15/25 through 1/23/25

Census: 156

Sample: 32 + 4 Closed Records

A Recertification/LSC survey was conducted at Alaris Health at St. Mary's from 1/15/25 through 1/23/25, to determine compliance with 43 CFR Part 483 requirements for Long Term Care Facilities.

During the survey, a finding which constituted an Immediate Jeopardy (IJ) was identified under 42 CFR Part 483.25(d)(2) F 689 as the facility failed to follow their [redacted] policy to ensure effective interventions were implemented and monitored for a resident with a history of [redacted] present. The facility documented Resident #143 was found [redacted] in their room on [redacted]. Observations on [redacted], confirmed that the Resident #143 held their [redacted] in their room.

Interviews with staff confirmed that Resident #143 had a history of [redacted].

The Director of Nursing was informed of the F 689 IJ and was provided the IJ template on 1/17/25 at 2:26 PM.

An acceptable Removal Plan (RP) was received on 1/17/25 at 8:31 PM, indicating the action the

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		02/17/2025

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.

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F 000	Continued From page 1 facility will take to prevent serious harm from occurring or reoccurring. The facility implemented a corrective action plan to remediate the deficient practice including: the resident's room was immediately searched and NJ Ex Order 26. 4B1 was removed from the room; resident's representative party was re-educated about the NJ Ex Order 26. 4B1 policy and that any NJ Ex Order 26. 4B1 needed to be handled directly to U.S. FOIA (b) (6) or staff; a new NJ Ex Order 26. 4B1 contract was completed with Resident #143 and responsible party; the Interdisciplinary Team met to discuss resident's NJ Ex Order 26. 4B1 plan of care, physician's orders were added to the Medication Administration Record for room search every shift for any NJ Ex Order 26. 4B1; all department heads and Unit Managers were in-serviced on NJ Ex Order 26. 4B1 procedures by the U.S. FOIA (b) (6) ; NJ Ex Order 26. 4B1 policy was revised; NJ Ex Order 26. 4B1 list was updated to reflect all current NJ Ex Order 26. 4B1 in the building; NJ Ex Order 26. 4B1 contract was revised; and all current NJ Ex Order 26. 4B1 had a new NJ Ex Order 26. 4B1 assessment completed. The survey team verified the RP was implemented on-site on 1/21/25 at 11:24 AM.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that	F 550		2/26/25

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F 550	Continued From page 2 promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record reviews, and review of pertinent documentation, it was determined that the facility failed to provide residents with a dignified environment by not providing bed linens, and not consistently emptying [redacted]. This deficient practice was identified for 2 of 2 residents (Resident #113 and Resident #91) reviewed for dignity and was	F 550	1) Linens, pillows and blankets were immediately provided to Resident #113. All [redacted] in Resident #91□s room were immediately [redacted] All facility resident rooms were inspected for bed linens and to ensure that [redacted] were [redacted] in a timely manner.	

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F 550	Continued From page 3 evidenced by the following: a. On 01/15/25 at 10:10 AM, Surveyor #1 observed Resident #113 in their room and in their bed, wearing a hospital type gown. There were no linens, pillows, or blankets on the bed and crumbs were observed in the bed. On 01/15/25 at 10:49 AM, Surveyor #1 and Surveyor #2 went to Resident #113's room. Both surveyors observed the resident was still sitting on the bed with no linens, pillows, or blankets on the bed as observed by the surveyor approximately 40 minutes prior. On 01/16/25 at 8:19 AM, Surveyor #1 observed Resident #113 sitting in a wheelchair in the room. There were no linens, pillows, or blankets on the resident's bed. On 01/16/25 at 8:19 AM, Surveyor #1 and the [redacted] went to Resident #133's Room. Both the [redacted] and Surveyor #1 observed the bed without linens, blankets, or pillows. The [redacted] was made aware of the two prior similar observations by two surveyors on 01/15/25. The [redacted] stated that was not acceptable and it was "[redacted]." On 01/16/25 at 10:26 AM, Surveyor #1 reviewed the Admission Record (an admission summary) which revealed that Resident #113 had diagnoses which included, but were not limited to; [redacted]. A review of the annual Minimum Data Set (MDS), an assessment tool, dated [redacted], included but was not limited to; a Brief Interview for Mental Status of [redacted] out of 15 which indicated Resident #113 had a [redacted];	F 550	2) All facility residents have the potential to be affected by these deficient practices. 3) All Department Heads and Nursing Unit Mangers as well as all nursing personnel were reeducated by Regional Quality Assurance RN to ensure all resident rooms are provided with bed linens in a timely manner and proper emptying and maintaining of urinals. The Unit Manager or designee shall complete audits on each unit 2 times weekly for the next 30 days and then 2 times monthly to ensure the adequate provision of bed linens in all resident rooms and proper emptying and maintenance of resident urinals in accordance with the facility protocols. 4) The Unit Manager will report the results of these audits to the Director of Nursing 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.	

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F 550	Continued From page 4 and needed NJ Ex Order 26. 4B1 to transfer to and from the bed to a chair or wheelchair. A review of the individual Care Plan included a Focus area initiated NJ Ex Order 26. 4B1, for NJ Ex Order 26. 4B1 with interventions which included required staff participation with NJ Ex Order 26.4b1 On 01/16/25 at 10:11 AM, the U.S. FOIA (b) (6) informed Surveyor #1 that the U.S. FOIA (b informed the U.S. FOIA (b) (6) that on NJ Ex Order 26. 4B1, Resident #113's bed was NJ Ex Order 26 so the U.S. FOIA (b stripped the bed and the U.S. FOIA (b went to assist another resident, however, the U.S. FOIA (b) (6) did not address the address if leaving a resident in that condition for almost 40 minutes was acceptable and the U.S. FOIA (b) (6) had no comment on the NJ Ex Order 26. 4B1 observation. A review of the facility provided, "Position Title: Certified Nurse Aide" undated, included but was not limited to; Summary ... performs various resident care activities ... essential to caring for personal needs and comfort of residents. 25. Obtains clean linens and supplies ... 29. Ensures that residents and families receive the highest quality of service. A review of the facility provided policy, "Quality of Life: Dignity" revised 1/25, included but was not limited to; Policy: each resident ... shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality. Procedure: 1 "residents shall be treated with dignity and respect at all times." On 01/23/25 at 11:32 AM, the above concerns were presented to the facility administration. b. On 1/15/25 at 11:15 AM, while touring the NJ Ex Ord, the surveyor observed Resident #91 sitting	F 550		

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F 550	Continued From page 5	F 550		

in the room, the resident was awake [NJ Ex Order 26.4b1] The resident informed Surveyor #2 that he /she had some concerns that he/she would like to address. Surveyor #2 observed [NJ Ex Order 26. 4B1] hung on the footboard all almost [NJ Ex Order 26. 4B1]. The resident informed the surveyor that the 11:00 PM - 7:00 AM shift did not empty the [NJ Ex Order 26. 4]. According to the resident the staff delivered the breakfast tray and did not empty the [NJ Ex Order 26. 4].

Surveyor #2 returned to the room around 11:30 AM to meet with the resident. The resident told the surveyor that they had some concerns regarding the call light mostly on the 11 PM - 7 AM shift. When they activated the call light, the staff will not show up and some had " [NJ Ex Order 26. 4B]". The 11:00 PM - 7:00 AM staff were to empty the [NJ Ex Order 26], they do not pay attention. The resident told the surveyor that the [U.S. FOIA (b) (6)] did not come to the room and they will turn the light off.

On 1/16/25 at 10:46 AM, the surveyor interview the [U.S. FOIA (b) (6)] who revealed that in the morning she would check the schedule, make the make the assignment, make rounds either alone or with the [U.S. FOIA (b) (6)], and assist with care. The [U.S. FOIA (b) (6)] further stated that the norm was to check the residents, make rounds, and provide incontinence care prior to breakfast.

On 1/16/25 at 11:50 AM, Surveyor #2 reviewed Resident #91's medical record with revealed diagnoses which included; [NJ Ex Order 26. 4B1] [redacted]. The Quarterly Minimum Data Set Assessment (MDS) dated [NJ Ex Order 26. 4B1], revealed Resident #91 was awake, NJ Ex Order 26.4b1

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F 550	Continued From page 6 known. Resident #91 received a score of [redacted] out of 15 on the Brief Interview for Mental Status indicative of [redacted]. On 1/18/25 at 9:30 AM, Surveyor #2 interviewed the [redacted] who cared for the resident. The [redacted] revealed that the resident was awake, [redacted]. The [redacted] also revealed that the resident used the [redacted] and would activate the call bell when assistance was needed. When inquired regarding the [redacted] in the room, the [redacted] stated that she would empty them. On 1/21/27 at 12:45 PM, Surveyor #2 visited Resident #91 in the room while the resident was eating lunch. The surveyor observed the [redacted] was [redacted] and was hung on the footboard. The resident stated that the night shift forgot to empty the [redacted]. On 1/21/25 at 1:15 PM, Surveyor #2 reviewed Resident #91's Care Plan (CP). The CP Focus dated [redacted], indicated that Resident #91 had [redacted]. The plan of care further indicated to provide prompt response to all requests for assistance. On 1/22/25 at 10:00 AM, the surveyor interviewed the [redacted] regarding the [redacted] observed at the bedside while meals were being served. The [redacted] stated that the staff were to make rounds and ensure that the residents were being cared for. When the surveyor showed her the [redacted] while the resident was eating their meals, the [redacted] then stated, "[redacted]." The [redacted] stated that the [redacted] was to make rounds in the morning and that the staff should have	F 550		

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F 550	Continued From page 7 emptied the [NJ Ex Order 2] prior to the resident being served the breakfast meal. On 1/23/25 at 11:30 PM, the above concerns were discussed with the administrative staff, no further information was provided.	F 550		
F 558 SS=E	NJAC 8:39-4.1(a, 11, 12), 27.1(a) Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Complaint # NJ 168201, # NJ 179357 Based on observations, interview, record review, and review of other pertinent facility documentation, it was determined that the facility failed to ensure that a resident call light was readily accessible and within reach on [NJ Ex Order 26. 4B1] [redacted]. The deficient practice was identified for 1 of 1 resident (Resident #43) reviewed for accommodation of needs and was evidenced by the following: On 01/15/25 at 10:45 AM, during an initial tour, the surveyor observed Resident #43 watching television (TV) in the bed. The resident stated, [redacted]" The surveyor observed resident's left hand elevated on a pillow. The surveyor observed the resident's call bell (a	F 558	1) The call light for Resident #43 was immediately repositioned to ensure that it is readily accessible and within reach. All facility resident rooms were inspected to ensure that all resident call lights are readily accessible and within reach. 2) All facility residents have the potential to be affected by this deficient practice. 3) All staff were inserviced by Department Heads regarding call bells being within reach and if resident has functional impairment on one side to ensure call bell is in reach on resident□s functional side. The Unit Manager or designee shall	2/26/25

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F 558	Continued From page 8 round disk-shaped flat device with a red cross in the middle) was placed close to their right shoulder. Resident #43 stated, "NJ Ex Order 26. 4B1 [redacted]." On 01/16/25 at 11:57 AM, the surveyor observed Resident #43 watching TV in the bed and the call bell was placed by resident's right shoulder in the same location as the previous observation. While the surveyor was in the room, the resident called the attention of the U.S. FOIA (b) (6) [redacted] to help lower their head. The surveyor observed that the resident was not able to reach and/or use the call bell with their NJ Ex Order 26. 4B1. On 01/21/25 at 10:08 AM, the surveyor observed Resident #43 in bed. The resident's call bell was placed on the right side by their pillow and the resident was not able to reach the call bell. On 01/16/25 at 1:08 PM, the surveyor reviewed the electronic medical record for Resident #43 which revealed: According to the Admission Record (admission summary), Resident #43 was admitted to the facility with diagnoses which included, but were not limited to; NJ Ex Order 26. 4B1 [redacted]. A review of the Quarterly Minimum Data Set Assessment (MDS), an assessment tool, dated NJ Ex Order 26. 4B1, revealed that the resident scored [redacted] out of 15 on the Brief Interview for Mental Status (BIMS) which indicated that the resident had a NJ Ex Order 26. 4B1 [redacted]. Further review of the MDS revealed that resident had NJ Ex Order 26. 4B1	F 558	complete audits on each unit 2 times weekly for the next 30 days and then 2 times monthly to ensure the call bell is within reach and if the resident has functional impairment to ensure the call bell is within reach on resident□s functional side. 4) The Unit Manager will report the results of these audits to the Director of Nursing 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.	

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F 558	Continued From page 9 NJ Ex Order 26. 4B1 . A review of the Order Summary Report (OSR) for Resident #43 revealed a Physician Order (PO) for- Call Bell Within Reach Every Shift; Start Date: NJ Ex Order 26.4b1 . A review of the Care Plan (CP) dated NJ Ex Order 26. 4B1 , with a focus that reflected that the resident has an NJ Ex Order 26. 4B1 . The interventions reflected encourage to use call bell to call for assistance. Further review of the CP with a focus [Name Redacted] is NJ Ex Order 26. 4B1 . The interventions reflected be sure call light is within reach and encourage to use it for assistance as needed .... Call bell within reach. On 1/21/25 at 10:17 AM, during an interview with the surveyor, the U.S. FOIA (b) (6) stated she was familiar with Resident #43. The U.S. FOIA (b) stated Resident #43 NJ Ex Order 26.4b1 and would use the call bell when they needed any help. The U.S. FOIA (b) further stated the resident could move their NJ Ex Order 26. 4B1 only, so the U.S. FOIA (b) stated she would place the call bell to resident's NJ Ex Order 26. 4B1 which was the resident's NJ Ex Order 26.4b1 . The surveyor accompanied the U.S. FOIA (b) to resident's room and observed the resident's NJ Ex Order 26. 4B1 out of the blanket. Resident #43 was moving their NJ Ex Order 26. 4B1 , and the NJ Ex Order 26. 4B1 was covered under the blanket. In the presence of the surveyor and the U.S. FOIA (b) , Resident #43 stated 'NJ Ex Order 26. 4B1	F 558		

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F 558	Continued From page 10	F 558		

NJ Ex Order 26. 4B1." The U.S. FOIA (b) moved the call bell closer to the resident's NJ Ex Order 26. 4B1 where the resident could reach. The U.S. FOIA (b) stated the call bell should not be on the resident's NJ Ex Order 26. 4B1 because the resident would not be able to use the call light.

On 1/21/25 at 10:53 AM, during an interview with the surveyor, the U.S. FOIA (b) (6) stated Resident #43 was NJ Ex Order 26. 4B1 . The U.S. FOI further stated that Resident #43 was able to use their call bell when it was placed on their 'NJ Ex Order 26. 4B1." The surveyor notified the U.S. FOI of the above-mentioned observations. The U.S. FOI confirmed if the call bell was on Resident #43's NJ Ex Order 26. 4B1, then the resident would not be able to use the call bell. The U.S. FOI further stated that the call bell should be placed where the resident can reach it comfortably.

On 1/21/25 at 1:34 PM, during an interview with the surveyor, the U.S. FOIA (b) (6) stated if the resident was NJ Ex Order 26. 4B1 on their NJ Ex Order 26. 4B1, the call bell would be placed on their dominant NJ Ex Order 26. 4B1 where they could reach it in case the resident had an emergency and needed to call for help. The surveyor notified the U.S. FOIA (b) (6) of the above-mentioned observations.

A review of the facility's policy, "Call Bells" revised 1/2025, included under Policy section: Resident will utilize a call bell at bedside as a means for communication to respond to resident's request and needs.

On 1/23/25 at 11:33 AM, the survey team met with the facility administration. The surveyor notified the facility management of the

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F 558	Continued From page 11 above-mentioned concerns for Resident #43. The [redacted] acknowledged that the resident should have the call bell placed on their unaffected side. On 1/23/25 at 2:10 PM, the survey team met with the facility administration for an Exit Conference. The facility had no additional information to provide.	F 558		
F 569 SS=F	NJAC 8:39-27.1 (a) Notice and Conveyance of Personal Funds CFR(s): 483.10(f)(10)(iv)(v) §483.10(f)(10)(iv) Notice of certain balances. The facility must notify each resident that receives Medicaid benefits- (A) When the amount in the resident's account reaches $200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and (B) That, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI. §483.10(f)(10)(v) Conveyance upon discharge, eviction, or death. Upon the discharge, eviction, or death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the resident, or in the case of death, the individual or probate jurisdiction administering the resident's estate, in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on interview and document review it was	F 569	1) A review of all active resident [redacted]	2/26/25

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F 569	Continued From page 12 determined that the facility failed to ensure that all residents that maintained a NJ Ex Order 26. 4B1 that approached the limit that could jeopardize a resident's eligibility for Medicaid or Supplimental Security Income (SSI). This deficient practice was identified for all residents who maintained NJ Ex Order 26. 4B1 at the facility and was evidenced by: A review of the Funds Balance Report for NJ Ex Order 26. 4B1 revealed a list of eighty five active resident names with a balance of NJ Ex Order 26. 4B1 "NJ Ex Order 26. 4B1". There were NJ Ex Order 26. 4B1 residents listed with NJ Ex Order 26. 4B1 that range from NJ Ex Order 26. 4B1 . On 01/21/25 at 10:32 AM, the surveyor, in the presence of the survey team interviewed the U.S. FOIA (b) (6) regarding the NJ Ex Order and if the U.S. FOIA (b) was involved with the NJ Ex Order. The U.S. FOIA (b) stated that the business office handled the NJ Ex Order. The U.S. FOIA (b) stated the business office will send a list of residents with NJ Ex Order , and the U.S. FOIA (b) (6) or family would let us know if the resident needed anything and the facility had catalogues to order items from. The U.S. FOIA (b) stated that if the family ordered items that we could reimburse them if they provide the receipt. The surveyor asked if the resident had money in their NJ Ex Order that was more than NJ Ex Order 26. 4B1 would that be a concern? The CSW stated, NJ Ex Order 26. 4B1 ". The U.S. FOIA (b) stated we are working getting the residents to spend the money and if the resident's cannot tell us what they need we try to ask staff. The surveyor asked the U.S. FOIA (b) about an U.S. FOIA (b) (6) who had a balance of NJ Ex Order 26. 4B1 and what was the plan for the U.S. FOIA (b) NJ Ex Order . The	F 569	funds was completed to determine residents in immediate need for notification of NJ Ex Order 26. 4B1 than the SSI resource limit or the NJ Ex Order 26. 4B1 Medicaid eligibility resource limit. 2) All facility residents who have PNA funds have the potential to be affected by this deficient practice. 3) The facility U.S. FOIA (b) (6) and Social Workers were inserviced by the Administrator on the responsibility of monitoring and notifying residents when their personal funds and/or resources approach the Medicaid or SSI eligibility resource limit. The Business Office Manager and Social Worker will complete a monthly review and audit of all active resident PNA funds to determine compliance with this requirement. For any resident identified approaching the limit, the Social Worker will work with the resident and/or responsible party to spend down the funds. 4) The Business Office Manager 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 Business Office Manager. The QAPI committee will evaluate to determine continuing frequency of audits.	

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F 569	Continued From page 13 U.S. FOIA (b) stated that is not what she handled, it was the U.S. FOIA (b) (6) responsibility to handle the NJ Ex Order over NJ Ex Order 26. 4B1. On 01/21/25 at 10:52 AM, the surveyor interviewed the U.S. FOIA (b) (6) who confirmed that there was a list of active residents who had NJ Ex Order and she received the list monthly. She stated that the list would be reviewed and whoever had money the facility would spend it down on the resident's behalf. On 01/22/25 at 10:43 AM, the surveyor interviewed the U.S. FOIA (b) (6) regarding her role related to the NJ Ex Order 26. 4B1. The U.S. FOIA (b) (6) stated she stated, 'NJ Ex Order 26. 4B1 ", and when asked if that was her usual job she responded, 'NJ Ex Order 26. 4B1." The U.S. FOIA (b) (6) stated she is the U.S. FOIA (b) (6) at another facility and at the current facility NJ Ex Order 26.4b1. The U.S. FOIA (b) (6) stated, the process would be that the U.S. FOIA (b) (6) is supposed to send out the statements and there should also be a system in place to confirm that the statements for the resident NJ Ex Order were sent. The U.S. FOIA (b) (6) stated she received the list of the current NJ Ex Order 26. 4B1 that morning and reviewed the list of the resident accounts with NJ Ex Order 26. 4B1 over/ approaching NJ Ex Order 26. 4B1. The U.S. FOIA (b) (6) looked at the list and stated, 'NJ Ex Order 26. 4B1 " and when the NJ Ex Order 26. 4B1 approached NJ Ex Order 26. 4B1, the money should be spent down. She stated there is no way around it and confirmed since surveyor inquiry, 'NJ [redacted] ". On 01/23/24 at 2:30 PM, the facility administration had no further information to provide regarding the NJ Ex Order 26. 4B1.	F 569		

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F 569	Continued From page 14 NJAC 8:39-9.5(c)	F 569		
F 570 SS=F	Surety Bond-Security of Personal Funds CFR(s): 483.10(f)(10)(vi) §483.10(f)(10)(vi) Assurance of financial security. The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility. This REQUIREMENT is not met as evidenced by: Based on interview and document review it was determined that the facility failed to ensure that a Surety Bond was in place to protect all resident funds held by the facility. This deficient practice affected all residents who maintained a Personal Needs Account with the facility and was evidenced by the following: On 01/15/25 at 2:08 PM, the surveyor requested from the U.S. FOIA (b) (6) a copy of the facility's surety bond and a list of all the resident funds held by the facility. On 01/15/25 at 2:37 PM, the U.S. FOIA (b) (6) provided a copy of a "Certificate of Liability Insurance" Date: 01/15/2025 (the survey entrance date) with Crime- Including Burglery listed as the type of insurance coverage provided. The surveyor questioned the U.S. FOIA (b) (6) regarding the policy that he provided and he stated, "NJ Ex Order 26. 4B1 ." A review of the Funds Balance Report for 01/15/2025 revealed a list of NJ Ex Order 26. 4B1 active resident names with a balance of NJ Ex Order 26. 4B1 "NJ Ex Order 26. 4B1".	F 570	1) The facility Administrator has obtained a valid surety bond with an effective date of 1/24/25. 2) All residents who the facility holds funds for have the potential to be affected. 3) An audit of resident trust accounts was completed, all resident funds are accounted for. The Administrator shall conduct quarterly audits to verify that the surety bond remains current and active. 4) All findings will be reported quarterly during the QAPI meeting for the next 2 quarters by the Administrator. The QAPI committee will evaluate to determine continuing frequency of audits.	2/26/25

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F 570	Continued From page 15 On 01/17/25 at 8:38 AM, the surveyor asked the [redacted] about the residents funds and if they were kept in interest bearing accounts. The [redacted] stated that information was not kept at the facility, and "*NJ Ex Order 26. 4B1* [redacted]" The surveyor again, asked about the surety bond and showed the document to the [redacted] that was titled Certificate of Liability, and asked if there was another document. The [redacted] stated, "[redacted]", that is what the facility used, and he confirmed he was told by the corporate management staff.	F 570		
F 580 SS=D	NJAC 8:39-9.5c(3) Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)	F 580		2/26/25

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F 580	Continued From page 16 (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Complaint # NJ 177957, # NJ 180392 Based on interviews, record review, and pertinent facility documents provided by the facility from [redacted], it was determined that the facility failed to notify the family/responsible party when a resident (Resident #264) had a [redacted] transport to the emergency room. This deficient practice occurred for 1 of 1 closed medical records reviewed for resident (Resident #264) who had a change in	F 580	1) Resident #264 was discharged from the facility on [redacted]. The Director of Nursing inserviced the [redacted] and nurse on timely reporting and notification of change in condition. 2) All residents have the potential to be affected. 3) Residents with change in condition	

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F 580	Continued From page 17 condition. The deficient practice was evidenced by the following: According to Resident #264's "Admission Record", the Resident was admitted to the facility on [redacted], with diagnoses which included but were not limited to: [redacted]. The Discharge Assessment dated [redacted], reflected that Resident #264 was [redacted] on staff for all [redacted]. Review of Resident #264's Care Plan (CP) initiated [redacted], revealed the following: Under Focus: The resident is [redacted] related to [redacted]. Under Goal: The resident will be [redacted]. Under Interventions: [redacted] x 2 assist, initiated [redacted]. Further review of Resident #264's CP initiated [redacted], revealed the following: under Focus, "[redacted]", Under Goal, resident will be free from adverse reactions of signs and symptoms of [redacted] related to [redacted]. Review of an [redacted] Progress Notes (PN) timed 11:13 AM, written by the [redacted], revealed the following: "[redacted],	F 580	are recorded on the 24 hour report by the nurse on duty and discussed in morning meeting with clinical team. Documentation of change in condition including timely notification will be reviewed by the clinical team in morning meeting. The Regional Quality Assurance RN inserviced all nursing staff on timely reporting and notification of responsible party when resident has a change in condition. The facility Director of Nursing or designee shall conduct a chart audit on a sample of 10 residents with incident reports per month to ensure compliance with timely reporting and notification of changes. 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.	

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F 580	Continued From page 18	F 580		

NJ Ex Order 26. 4B1 No NJ Ex Order 26.4b1 noted. Will continue to monitor.

Review of Resident #264's PN written by the U.S. FOIA (b) (6) on NJ Ex Order 26. 4B1 at 4:53 PM, revealed that the resident was in bed, and had no NJ Ex Order 26.4B.

Review of a PN dated 1/06/2024, at 9:30 PM, written by the U.S. FOIA (b) (6), revealed that the resident representative came to visit and reported at 9:15 PM that Resident #264 had a NJ Ex Order 26. 4B1. In addition, the U.S. FOI revealed that staff provided care to Resident #264 at 5:00 PM, and did not report any NJ Ex Order 26.4b1.

Review of Resident #264's medical records showed no documentation that the resident had a NJ Ex Order 26. 4B1, and a NJ Ex Order 26. 4B1 prior to the NJ Ex Order 26. 4B1 at 9:30 PM. The medical records did not reveal how Resident #264 acquired the NJ Ex Order 26. 4B1 and the NJ Ex Order 26. 4B1, or that the resident's family and responsible party was notified.

Review of Resident #264's Incident Report (IR) dated NJ Ex Order 26.4B at 9:30 PM, revealed the following: Resident representative reported NJ Ex Order 26. 4B1. The U.S. FOIA (b) (6) was called and ordered to transfer Resident #264 to the hospital for evaluation.

Further review of Resident #264's IR dated NJ Ex Order 26.4B at 9:59 PM, showed that the U.S. FOIA (b) (6)

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F 580	Continued From page 19 was notified of the incident at 9:20 PM when the U.S. FOIA (b) (6) reported the incident. Based on the nurse's statement and a phone interview conducted on 1/21/25 at 1:20 PM, with the US FOIA (b)(6), the U.S. FOIA (b) (6) did not report the incident. The U.S. FOI stated during the interview that, 'NJ Ex Order 26. 4B1 The U.S. FOI stated that she was very concerned and could not explain why the U.S. FOIA (b did not report the incident immediately. The US FOIA (b)(6) was made aware of the incident at 9:15 PM, 5 hours later. The U.S. FOIA (b) (6) classified the incident as a significant event and reported the incident on NJ Ex Order 26. 4B1 at 11:18 PM, to the Department of Health. Review of the Jersey Universal Transfer Form (NJUTF) dated NJ Ex Order 26.4b1, revealed the resident was transferred to the hospital. The 'NJ Ex Order 26. 4B1 " was NJ Ex Order 26. 4B1 with NJ Ex Order 26.4b1. On 1/22/25 at 10:15 AM, the surveyor conducted a face to face interview with the U.S. FOIA (b who was assigned to Resident #264 on NJ Ex Order 26. 4B1. When asked if she had reported the NJ Ex Order 26. to the US FOIA (b)(6) immediately, she presented some conflicted stories, she stated that the night was very chaotic, she could not remember the time she reported the incident. The surveyor then asked if she remained in the room until the resident was assessed by the US FOIA (b)(6). She replied, 'NJ Ex "... The U.S. FOIA (b Confirmed that she transferred Resident #264 in bed between 3:00 PM-5:00 PM. She observed the NJ Ex Order 26. after executing the transfer and stated the NJ Ex Order 26. was NJ Ex Order 26. 4B1 "	F 580		

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F 580	Continued From page 20 Resident #264 was transferred to the hospital and diagnosed with [redacted]. During an interview with the [redacted] on 1/16/25 at 11:30 AM, the surveyor reviewed the statements written by all the staff involved in the residents care over the last 24 hours from the incident. The [redacted] stated that she noticed the discrepancies but did not want to ask staff to change their statements. The [redacted] contacted the surveyor on [redacted] at 3:10 PM, and the expressed concerns over not being informed of the incident prior to finding the [redacted]. The [redacted] stated Resident #264 was transferred to another facility. Review of the facility's policy titled, "Notification of Changes" with a revised date of 1/2025, included but was not limited to the following: Under Policy Statement: "It is the policy of this facility to immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is: An accident involving the residents which results in injury and has the potential for requiring physician interventions Significant change in the residents's physical, mental, or psychological status. A decision to transfer or discharge the resident from the facility. N.J.A.C: 8:39-13.1(c)	F 580		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)	F 584		2/26/25

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F 584	Continued From page 21 §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and	F 584		

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F 584	Continued From page 22 §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent documentation, it was determined that the facility failed to maintain safe handrails on 1 of 5 Resident Units. This deficient practice was evidenced by the following: On 1/15/25 at 9:53 AM, the surveyor toured the 3rd floor and observed the following: Outside of room 309, the corner handrail was not securely connected to the next piece of handrail. Outside of room 311, the handrail was cracked. By the soiled linen room, the handrail was not secure. Across from room 313, the handrail was not secure to the wall. Outside of room 318, the handrail was not connected to the next piece. In the out cove by the telephone for resident use, the handrail was not secure to the wall. Outside of room 322, the handrail was cracked and not secure. Outside of room 302, the corner piece of handrail was loose from the connecting piece. On 1/15/25 at 10:00 AM, a US FOIA (b)(6) was on the 3rd Floor Unit. The U.S. FOIA (b) (6) stated that maintenance staff was responsible for checking the handrails. He further stated that the handrails should all be connected, and he confirmed that the handrails observed on the 3rd floor were not safe or secure. On 1/16/25 at 11:06 AM, the surveyor observed that the 3rd Floor Unit handrails were in the same	F 584	1) All handrails identified as not secure, cracked or missing were immediately repaired and secured. 2) All facility residents have the potential to be affected by these deficient practices. 3) The Director of Maintenance checked all handrails in the building to ensure that they were secure. All staff were inserviced by Department Heads to report any loose handrails to the maintenance department promptly and written in the maintenance log book timely for repair. Administrator inserviced all Maintenance staff on checking maintenance log books daily and timely repair of any reported handrail issues. Director of Maintenance and/or designee will audit all handrails on a monthly basis to ensure all are secure. Director of Maintenance and/or designee will audit maintenance log books on a weekly basis to ensure all repaired were completed in a timely manner. 4) Director of Maintenance will report results of these audits to the Administrator on a monthly basis.	

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 01/23/2025

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

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F 584	Continued From page 23 condition as observed on 01/15/25 and were not fixed . On 1/16/25 at 11:41 AM, the surveyor reviewed the 3rd floor Maintenance Log. There was one page with two entries dated 1/13/25, but there was no entry on 01/15/25 when the handrails were identified as needing to be repaired and secured. On 1/16/25 at 11:45 AM, the U.S. FOIA (b) (6) on the 3rd floor stated she had entered the handrails into the maintenance log. The U.S. FOIA (b) (6) stated maintenance knew about the handrails' NJ Ex Order ", but that the other pages in the logbook related to the handrails appeared to have been removed. On 1/16/25 at 12:06 PM, two maintenance staff entered the conference room in the presence of two surveyors. One maintenance staff stated that the 3rd floor was a Dementia Unit, and " NJ Ex O " The surveyor asked if there was a process in place to address his concerns that the residents tear the handrails out, and the maintenance staff stated, 'NJ Ex Order 26. 4B1 ." On 1/21/25 at 11:16 AM, the surveyor requested a policy and procedure regarding the maintenance of the handrails from the facility. The facility provided a policy, "Maintenance Repairs" and the surveyor was informed that there was no policy or procedure for the handrails. A review of the facility provided policy, "Maintenance Repairs" revised 1/2025, included	F 584	All findings will be reported quarterly during the QAPI meeting for the next 2 quarters by the Director of Maintenance. The QAPI committee will evaluate to determine continuing frequency of audits.	

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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F 584	Continued From page 24 but was not limited to; Policy: maintain a safe, clean, and functional environment for residents ... through timely repairs, routine maintenance, and room inspections. Procedure: 1. The maintenance department is responsible for conducting routine checks, repairs and inspections throughout the facility. 7. Maintenance performs routine checks of ... hallways ... On 1/23/25 at 11:32 AM, the above concerns were presented to the facility administration.	F 584		
F 610 SS=G	NJAC 8:39-31.2(e) Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Complaint # NJ 180392	F 610	1) Resident #264 was discharged from	2/26/25

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

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F 610	Continued From page 25 Based on interview, record review and review of other pertinent documents, it was determined that the facility failed to ensure a thorough and complete investigation was completed to determine the causal factor of an [NJ Ex Order 26.4b1] [redacted] to ensure that resident abuse or neglect had not occurred for a resident (Resident #264) who was in a *NJ Ex Order 26. 4B1* [redacted]. Resident #264 was found on [NJ Ex Order 26. 4B1], with a *NJ Ex Order 26. 4B1* [redacted]. Resident #264 was transferred to the emergency room on [NJ Ex Order 26. 4B1], and was diagnosed with [NJ Ex Order 26. 4B1] [redacted]. The deficient practice was identified for 1 of 2 residents reviewed for accidents and evidenced by the following: On 01/21/25 at 10:00 AM, the surveyor reviewed the closed electronic medical record for Resident #264. According to the Admission Record, Resident #264 was admitted to the facility with diagnoses which included, but were not limited to; [NJ Ex Order 26. 4B1] [redacted]. A review of Resident #264's Quarterly Minimum Data Set (an assessment tool used to facilitate the management of care) dated [NJ Ex Order 26. 4B1], reflected that the resident was coded as being [NJ Ex Order 26. 4B1] and "[NJ Ex Or]" to being in a "[NJ Ex Order 26. 4B1] [redacted]."	F 610	the facility NJ Ex Order 26.4b1 and is [NJ Ex O] [redacted] The Assistant Director of Nursing inserviced CNA #1 and #2 on the hoyer lift policy. The Assistant Director of Nursing inserviced the *U.S. FOIA (b) (6)* [redacted] interviewed by surveyor on the hoyer lift policy reinforcing that the policy does not require a nurse or Respiratory Therapist be present during a hoyer transfer. 2) All facility residents have the potential to be affected by this deficient practice. 3) The Regional Quality Assurance RN inserviced the *U.S. FOIA (b) (6)* [redacted] on proper completion of investigations to determine causal factors of injuries of unknown origin. Inservice included critical evaluation of statements provided, techniques for interviewing and evaluating statements for discrepancies. The Assistant Director of Nursing inserviced all staff on the facility Abuse Policy. Inservice included providing an accurate and timely account of events surrounding the discovery of an injury of unknown origin. The Assistance Director of Nursing inserviced all nursing and respiratory staff on the hoyer lift policy. The Assistant Director of Nursing will observe 10 hoyer lift transfers per month to ensure proper technique is followed.	

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 610	Continued From page 26 Resident #264 was NJ Ex Order 26. 4B1 on staff for all care. A review of Resident #264's Care Plan (CP) included a Focus Initiated: NJ Ex Order 26. 4B1 for being at risk for NJ Ex Order 26. 4B1 Interventions included to use NJ Ex Order 26. 4B1 for transfers with NJ Ex Order 26.4b1 assisting with the transfer. The Progress Notes revealed an Interdisciplinary Team (IDT) Note dated NJ Ex Order 26.4b1 at 10:20 PM, which revealed: Made aware by U.S. FOIA (b) (6) that Resident #264 was noted with NJ Ex Order 26. 4B1 . U.S. FOI notified. Per U.S. FOI send Resident #264 out to hospital for further evaluation and treatment. Report given to the nurse, U.S. FOIA (b) (6) was at bedside. A review of the IDT Progress Note dated NJ Ex Order 26.4b1 at 10:22 PM, revealed: Transportation arranged with the Hospital (name redacted) Emergency Services. Further review of the IDT Progress Note dated NJ Ex Order 26.4b1 at 8:05 PM revealed: Follow up to emergency room. Resident was admitted with diagnoses NJ Ex Order 26. 4B1 . On 1/16/25 at 10:30 AM, the surveyor reviewed the facility's investigation and the Reportable Event Record received by the Department of Health on NJ Ex Order 26.4b1 . There was no causal factor identified for NJ Ex Order 26.4b1 and the statements	F 610	The Administrator and Director Nursing will audit each abuse investigation prior to determining conclusion to ensure that the investigation determines causal factors and that there are no discrepancies in the statements and/or interviews of any pertinent witnesses or staff members. 4) The Administrator and the Director of Nursing will record results of the abuse investigation audits on a monthly audit tool. The Assistant Director of Nursing will report the results of the hoyer lift audits to the Director of Nursing on a monthly basis. All findings will be reported quarterly during the QAPI meeting for the next 2 quarters by the Administrator (abuse investigations) and Assistant Director of Nursing (hoyer lift audits). The QAPI committee will evaluate to determine continuing frequency of audits.	

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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F 610	Continued From page 27 attached to the incident report contained the following discrepancies: CNA #1 who provided care to Resident #264 on [redacted], provided two statements which revealed the following: The first statement dated [redacted], CNA #1 documented that on [redacted], that she '[redacted]" and found the resident with a [redacted] and reported to the nurse. Signed CNA #1, 3:00 PM-11:00 PM shift [Prior to the [redacted] transfer]. The second statement dated [redacted], CNA #1 documented that on [redacted], "[redacted]" [After the [redacted] transfer]. The surveyor reviewed the statement provided by CNA #2 who documented that '[redacted]" The assigned [redacted] reported the [redacted] to the nurse. Review of the [redacted] statement dated [redacted] at 9:15 PM, documented that they worked the 3:00 PM to 11:00 PM shift on the 2nd floor [redacted]	F 610		

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F 610	Continued From page 28	F 610		

and was assigned to the Resident in Room 214. At 3:00 PM, "*NJ Ex Order 26. 4B1* [redacted]."

On 1/17/25 at 8:52 AM, the surveyor interviewed the *U.S. FOIA (b) (6)* [redacted] who confirmed that two staff members had to be in the room to [redacted] a [redacted] dependent resident from the bed to the recliner chair. The [redacted] confirmed that on [redacted], he had assisted CNA #3 with the transfer from the bed to the recliner chair during the day shift (7:00 AM to 3:00 PM), and confirmed that there was [redacted] observed. The [redacted] informed the surveyor that on [redacted] at 4:53 PM, he observed Resident #264 in bed and did not assist with the transfer back to the bed, and he was not made aware of [redacted] to the resident's [redacted].

On 01/17/25 at 11:59 AM, the surveyor reviewed the facility provided incident report, including the statements attached, with the *U.S. FOIA (b) (6)* [redacted]. The [redacted] stated that she was aware of the discrepancies in CNA #1's statements, and could not provide any rationale for not clarifying the discrepancies prior to submitting the investigation to the Department of Health (DOH). The [redacted] stated, "*NJ Ex Order 26. 4B1* [redacted]." The [redacted] stated she had understood Resident #264 NJ Ex Order 26.4b1 [redacted], and then stated that Resident #264 "*NJ Ex Order 26. 4B1*

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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

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F 610	Continued From page 29	F 610		

NJ Ex Order 26. 4B1 ."

On 01/17/25 at 12:05 PM, the surveyor conducted a second interview with the U.S. FO. The U.S. FO was on duty that day and stated that one nurse and one U.S. FOIA (b was supposed to transfer any resident out of the bed and then back to bed if the resident was using a NJ Ex Order 26. 4B1 . The U.S. FO stated that some CNAs worked as floaters (worked on various units) to the unit and they had not been trained to transfer residents with the NJ Ex Order 26. 4B1 attached. The U.S. FO stated, for safety reasons, a nurse had to be in the room to assist with the transfer, or if the nurse could not assist, she would then delegate the task to the U.S. FOIA (b) (6) who would supervise the transfer of the NJ Ex Order 26. 4B1 dependent resident. When asked if there was a policy for transferring a resident who used a NJ Ex Order 26. 4B1, he stated, "NJ Ex Or ."
Based on the documents provided by the facility, which included the Incident Report, Reportable Event Record, Investigative Summary, Skin Assessment and Impairment Form and Statements, there was no documented evidence that the U.S. FO or the U.S. FO assisted CNA #1 with the transfer of Resident #264 as explained by the U.S. FO as being the standard protocol for transferring a NJ Ex Order 26. 4B1 dependant resident when NJ Ex Order 26.4b1 was observed on NJ Ex Order 26.4b1.

On 1/21/2025 at 1:09 PM, the surveyor interviewed the U.S. FO who worked and cared for Resident #264 on NJ Ex Order 26. 4B1. The U.S. FO stated that CNA #1 did not report NJ Ex Order 26.4b1 to her and stated the resident representative visited at 9:15 PM and reported NJ Ex Order 26.4b1. The U.S. FO stated 'NJ Ex Order 26. 4B1 ," she attended to NJ Ex Order 26.4b1 by

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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

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F 610	Continued From page 30	F 610		

measuring the area, initiated [redacted] checks, applied [redacted], monitored for [redacted], and notified the [redacted]. She then received an order to transfer Resident #264 to the hospital for further evaluation and treatment.

On 01/21/25 at 11:47 AM, the surveyor interviewed the [redacted] regarding [redacted] sustained by Resident #264 during the transfer. The [redacted] stated that he was told by the [redacted] was caused by the hook from the [redacted] and was not provided with any additional information.

In the summary provided to Department of Health along with the Reportable Event Record, the [redacted] indicated that '[redacted]."

Interviews with staff familiar with the resident routine revealed that the resident was [redacted].

On 1/22/24 at 10:15 AM, two surveyors conducted an in person interview with CNA#1 who stated that she recalled the incident, and she confirmed that she observed [redacted] after transferring Resident #264 in bed. When asked if she remained in the room with the resident and waited for the nurse to come and assess [redacted] CNA #1 stated she had too much to do that day, and she moved on and attended to other residents. The surveyor then inquired regarding the 2nd statement, CNA #1 read the statement and stated, '[redacted]

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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

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F 610	Continued From page 31	F 610		

NJ Ex Order 26. 4B1 [redacted]

On 1/22/24 at 12:00 PM, the surveyor conducted a telephone interview with CNA #2 (whom CNA #1 claimed assisted with the transfer for Resident #264). CNA #2 stated that when she entered the room, "NJ Ex Order 26. 4B1 [redacted]." She then observed the NJ Ex Order 26. 4B1 and advised CNA #1 to report NJ Ex Order 26.4b1 to the nurse. When asked if she had assisted CNA #1 with care she stated, "NJ Ex Order [redacted]."

On 1/22/25 at 1:15 PM, the surveyor interviewed CNA #3 assigned to the 7:00 AM- 3:00 PM shift regarding Resident #264's care. CNA #3 stated that she cared for Resident #264 daily, Resident #264 was NJ Ex Order 26. 4B1 [redacted]. CNA #3 further stated that on NJ Ex Order 26. 4B1, she transferred Resident #264 to the recliner chair with the U.S. FOIA (b) (6). During the day she periodically checked Resident #264 and "NJ Ex Order 26. 4B1 [redacted]"

On 1/23/25 at 10:56 AM, the surveyor reviewed the investigation with the U.S. FOIA (b) (6) [redacted] in the presence of the survey team. The U.S. FOIA (b) (6) stated that in reviewing the U.S. FOIA (b) statement and the investigation, he could see there was some discrepancies. The U.S. FOIA (b) (6) added "NJ Ex Order 26. 4B1 [redacted]."

On 1/23/25 at 1:30 PM, during the exit

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 01/23/2025

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 610	Continued From page 32 conference no additional information was provided. On 1/23/25 at 2:30 PM, the [U.S. POA] for Resident #264 contacted the surveyor and stated the that the facility informed them that they could not determine how [NJ Ex Order 26.4b1] occurred. On 02/05/25 at 12:30 PM, the surveyor reviewed the Hospital records for Resident #264's transfer to the Emergency Department on [NJ Ex Order 26. 4B1]. The records revealed a physician note dated [NJ Ex Order 26.4b1] at 7:58 AM which documented: Patient presented to the Emergency Department for recently noticed [NJ Ex Order 26. 4B1] ". A review of the facility titled, "Abuse Prevention Program" last revised 1/2025, under identification indicated the following: "All residents sustaining bruises, skin tears, any marks of the skin, and any fractures or injuries, which are of unknown origin, shall be identified as potential abuse incidents and investigated as such. NJAC 8:39 4.1 (a)(5), 27.1(a)(b)	F 610		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the facility failed to accurately	F 641	1) Resident #143□s MDS was immediately corrected to reflect their	2/26/25

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 01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 641	Continued From page 33 code the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, in accordance with federal guidelines for 2 of 36 residents (Resident #143 and Resident #26) reviewed for accuracy of MDS coding. The deficient practice was evidenced as follows: On 1/15/25 at 9:39 AM, during initial tour, Surveyor #1 observed a sign posted on the wall outside of Resident #143's room, '*NJ Ex Order 26. 4B1* [redacted]". Upon entrance to Resident #143's room, the surveyor observed the resident watching television (TV) in bed. The surveyor observed a *NJ Ex Order 26. 4B1* on the table next to the resident and asked the resident what that was. The resident took *NJ Ex Order 26. 4* out of the case and stated '*NJ Ex Order 26. 4B1*" while showing it to Surveyor #1. On 1/16/25 at 8:50 AM, the surveyor reviewed the medical record for Resident #143. According to the Admission Record (AR), Resident #143 was admitted to the facility with diagnoses which included but were not limited to; *NJ Ex Order 26. 4B1* [redacted]. A review of Resident #143's most recent Comprehensive MDS, dated *NJ Ex Order 26. 4B1*, reflected	F 641	*NJ Ex Order 26. 4B1*. Resident #26□s *NJ Ex Order 26.4b1* MDS was completed. 2) All residents have the potential to be affected by this deficient practice. 3) The MDS Coordinators audited all current smokers to ensure their most recent MDS was coded properly for Question J1300 (Tobacco Use). The Regional Quality Assurance RN inserviced all MDS coordinators on MDS Question J1300 (Tobacco Use) coding accuracy and timely completion of discharge assessments per RAI manual. The MDS Coordinator to review iQIES report MDS 3.0 Missing OBRA Assessment Report monthly to ensure no other MDS discharge assessments were missing. The Director of Nurses shall sample 5 MDS assessments for audit on a monthly basis to ensure coding accuracy for MDS Question J1300 (Tobacco Use) and will audit 5 discharges per month to ensure discharge MDS was completed as required. 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	

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 01/23/2025

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

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F 641	Continued From page 34 that the resident had a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, which indicated the resident had NJ Ex Order 26. 4B1 [redacted]. The further review of the MDS revealed the resident was coded "[redacted]" as being a current NJ Ex Order 26. 4B1. A review of Resident #143's Individualized Care Plan (CP) reflected the resident was NJ Ex Order 26. 4B1. Interventions included NJ Ex Order 26. 4B1 reviewed with the resident. Resident signed updated NJ Ex Order 26. 4B1 on NJ Ex Order 26.4b1 and understands NJ Ex Order 26. 4B1 safety procedures and hours of operation 10 AM-12:30 PM, 4:00 PM and 7:00 PM. On 1/17/25 at 11:37 AM, during an interview with Surveyor #1 the US FOIA (b)(6) [redacted]) stated the nurses would complete the NJ Ex Order 26. 4B1 assessment on all newly admitted residents. The US FOIA (b)(6) [redacted] further stated if a newly admitted resident was a NJ Ex Order 26. 4B1, that would be coded in the Comprehensive MDS by her. The US FOIA (b)(6) reviewed the MDS in the presence of the surveyor and confirmed the MDS was not coded that the resident was a NJ Ex Order 26. 4B1. The US FOIA (b)(6) further stated that she should have coded Resident #143 as NJ Ex Order 26. 4B1 in section J and stated "NJ Ex Order 26. 4B1." On 1/23/25 at 11:33 AM, the survey team met with the facility administration. The surveyor notified the facility management of the above-mentioned concerns for Resident #143. On 1/23/25 at 2:10 PM, the survey team met with the facility administration for an Exit Conference. The facility had no additional information to provide.	F 641	determine continuing frequency of audits.	

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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F 641	Continued From page 35 b.) On 1/22/25 at 11:27 AM, during an interview with Surveyor #2, the U.S. FOIA (b) (6) stated the process to perform MDS review would be that she would review the Progress Notes (PN), medications and would interview residents to collect the information needed for MDS'. She further stated she was responsible for the information in the MDS and that it was, "NJ Ex Order 26. 4B1 [redacted]". On 1/22/25 at 12:24 PM, Surveyor #2 reviewed the closed record for Resident #26 which documented the following: The AR revealed that Resident #26 was admitted with diagnoses which included but were not limited to; NJ Ex Order 26. 4B1 [redacted]. The PN dated NJ Ex Order 26. 4B1, documented a discharge summary and noted the resident was "NJ Ex Order 26. 4B1 [redacted]". The most recent MDS in the electronic medical record was dated NJ Ex Order 26. 4B1 and was an Admission assessment. On 1/23/25 at 11:32 AM, the concern was presented to the facility administration. On 1/23/25 at 12:31 PM, the facility provided an MDS documenting Resident #26's discharge on NJ Ex Order 26. 4B1 that was dated as completed after surveyor inquiry on 01/22/25. A review of the facility provided policy, "MDS 3.0	F 641		

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 01/23/2025

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F 641	Continued From page 36 Assessment Process" effective 01/09/25, included but was not limited to; ... completed on admission, quarterly, annually, when a change in condition occurs and as per [name redacted] schedule. The purpose ... is to accurately assess residents ... 2. Mandatory transmission of export ready assessments will be done weekly ...	F 641		
F 658 SS=D	NJAC 8:39-11.1, 11.2(d)(e)(g)1 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 reviews, it was determined that the facility failed to administer medication in accordance with the physician order and professional standards of nursing practice. This deficient practice was observed for one of 1 of 1 residents (Resident #60) reviewed for medications during the initial tour conducted on 01/15/25 and was 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 such services as casefinding, health teaching, health counseling, and provision of care	F 658	1) The medication that was left in the medication cup and the [redacted] at Resident #60□s bedside was discarded. MD was notified with no new orders. The [redacted] who was assigned to Resident #60 was immediately inserviced on the Medication Administration policy with focus on observing resident taking medications and not leaving any medications unattended in resident room. 2) All residents have the potential to be affected by these deficient practices. 3) All resident rooms were checked to ensure no medications were left unattended at the bedside.	2/26/25

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 01/23/2025

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F 658	Continued From page 37 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 casefinding; 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." On 1/15/25 at 8:46 AM, the surveyor observed Resident #60 sitting in a wheelchair at the bedside. The resident was awake and [redacted] on the bedside table, the surveyor observed a medication cup with 5 tablets inside. On the right side of the bedside table, the surveyor observed 5 [redacted]. The surveyor then observed the nurse at the other end of the hallway. The medications in the cup were identified by the as [redacted]. On 1/15/2025 at 9:00 AM, the surveyor	F 658	The Assistant Director of Nursing inserviced all licensed nurses on the safety risk posed when leaving medications at the bedside and on the requirement to administer all medications directly to the resident and to observe for consumption unless the resident has a physician□s order and has been assessed as capable of self-administration. Furthermore, the nurse must confirm consumption before documenting the medication as administered. The facility Director of Nurses or Designee shall complete 5 Medication Pass Observations on a monthly basis to ensure compliance with protocol. 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.	

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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F 658	Continued From page 38 interviewed the resident regarding the medications observed on the bedside table. The resident informed the surveyor that the nurses would leave the medication at the bedside and they would then take the medication with their meals. The breakfast meal had been delivered to the 4th floor around 7:30 AM. On 1/15/25 at 9:15 AM, the surveyor accompanied the U.S. FOIA (b) (6) to Resident #60's room and we both observed the medications left on the bedside table. The U.S. FOIA (b) (6) stated that the resident will take the medication after breakfast. When inquired if the resident was assessed as being capable to self-administered medication, the U.S. FOIA (b) (6) replied, "[redacted]". The U.S. FOIA (b) (6) stated, "[redacted]". "NJ Ex Order 26. 4B1 [redacted]". On 1/15/25 at 9:30 AM, the surveyor interviewed the U.S. FOIA (b) (6) who left the medications at the bedside. The U.S. FOIA (b) confirmed that she left them at the bedside and she stated she NJ Ex Order 26. 4B1 [redacted]." When inquired regarding the facility protocol for administering medications, the nurse stated that she should not leave the medication at the bedside as another resident can go to the room and interfere with the medications. On 1/21/25 at 12:40 PM, the surveyor reviewed the Electronic medical record and noted there was no assessment that the resident could self administered medications.	F 658		

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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

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F 658	Continued From page 39	F 658		

A review of the Admission Record reflected that the resident was admitted to the facility with diagnoses, which included but were not limited to; [redacted].

The Quarterly Minimum Data Set (MDS) dated [redacted], revealed that Resident #60 scored [redacted] out of 15 on the Brief Interview for Mental Status (BIMS) indicative of [redacted].

A review of the Physician Order Sheet (POS) for [redacted] reflected a physician order (PO) dated [redacted] for [redacted] inhale orally every 6 hours for [redacted]. The POS also included the following orders for [redacted].

The surveyor reviewed the electronic medication administration record (EMARs) for [redacted] that revealed the nurses had been documenting that the [redacted] was administered to Resident # 60 as ordered by the physician. On [redacted], the [redacted] initialed the EMAR that the following medications: [redacted], had been administered although the medications were still on the bedside table.

The Comprehensive Care Plan initiated on [redacted], did not reflect a focus for "Self administering medication". There was no documented evidence that Resident #60 was

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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F 658	Continued From page 40 assessed by the Interdisciplinary Team, nor there was a physician order for self administration of medication. On [NJ Ex Order 26.4B] at 12:40 PM, the surveyor again reviewed the Electronic medical record and noted there was no assessment that the resident was able to self administered medications. The facility was made aware of the above concerns on [NJ Ex Order 26. 4B1]. The [U.S. FOIA (b) (6)] stated that was not the facility protocol to leave medications at the bedside. A review of the facility policy and procedure titled, "Medication Administration Policy" last revised 1/2025, revealed the following: Policy: Medications shall be administered in a safe and timely manner, and as prescribed. Procedure: 1. Only persons licensed or permitted by the State to prepare, administer and document the administration of medication may do so. Procedure #19. "Residents may self-administer their own medications only if the Attending Physician, in conjunction with the Interdisciplinary Care Team, has determined that they have the decision-making capacity to do so safely". NJAC 8:39-11.2(b), 29.2(c)	F 658		
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced	F 677		2/26/25

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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

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F 677	Continued From page 41 by: Complaint # NJ 167555 Based on observation, interview, review of records, and review of pertinent documents, it was determined that the facility failed to provide appropriate NJ Ex Order 26. 4B1, and personal hygiene care for 2 of 2 residents (Resident #33 and Resident #8) reviewed for NJ Ex Order 26. 4B1 [redacted]. The deficient practice was evidenced by the following: 1. On 1/15/25 at 9:45 AM, the surveyor observed Resident #33 in bed and a strong NJ Ex Order 26. 4B1 was observed in the room. The resident was able to answer questions and informed the surveyor that they had not been changed since last night. On 1/15/25 at 10:15 AM, the surveyor returned to the room and observed the resident in the same position. The resident indicated that they had not had NJ Ex Order 26. 4B1. On 1/15/25 at 10:30 AM, the surveyor interviewed the U.S. FOIA (b) (6) [redacted] who had Resident #33 on her assignment. The U.S. FOIA (b) revealed that she reported to work at 7:00 AM this morning, she delivered the breakfast tray and she had not yet provided care to Resident #33. The U.S. FOIA (b) [redacted] added that NJ Ex Order 26. 4B1 was provided by the 11:00 PM-7:00 AM shift. On 1/15/25 at 10:40 AM, the surveyor entered Resident #33's room accompanied with the U.S. FOIA [redacted] and the U.S. FOIA (b) [redacted]. The surveyor requested the resident's NJ Ex Order 26. 4B1 to be checked by the staff. The surveyor observed that Resident #33 was wearing two NJ Ex Order 26. 4B1 which were both NJ Ex Order 26. 4B1. The U.S. FOIA [redacted]	F 677	1) Resident #33 was provided NJ Ex Order 26. 4B1 and care plan was updated. Resident #8 was provided with nail care and care plan was updated. 2) All residents have the potential to be affected by this deficient practice. 3) All residents requiring incontinence and/or hygiene care were immediately assessed to ensure incontinence and personal hygiene care were being provided on schedule. All facility nursing personnel were reeducated by the Regional Quality Assurance RN on the requirement for all ADL dependent residents including residents receiving hospice services to be provided with the necessary services to maintain incontinence and nail care in a timely fashion and according to resident care plan. The MDS coordinator completed an audit on all ADL dependent resident care plans to determine and ensure care plans accurately reflect and address actual care needs including frequency of turning and repositing of ADL dependent residents. The MDS coordinator will audit a sample of 5 residents per month to ensure care plan accurately reflects ADL needs and turning and repositioning. The Unit Manager or designee shall complete audits on each unit 2 times	

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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

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F 677	Continued From page 42 asked the resident why do you have NJ Ex Order 26. 4B1 on and the resident replied, 'NJ Ex Order 26. 4B1." On 1/17/25 at 10:30 AM, the surveyor reviewed Resident #33's electronic medical record. Resident #33's Admission Record (AR) revealed Resident #33 was admitted to the facility with diagnoses which included but were not limited to; NJ Ex Order 26. 4B1 . The quarterly Minimum Data Set (MDS) an assessment tool dated NJ Ex Order 26. 4B1, revealed that Resident #33 had some NJ Ex Order 26. 4B1, Resident #33 received a score of NJ Ex out of 15 on the Brief Interview for Mental Status (BIMS). Section G of the MDS which referred to NJ Ex Order 26. 4B1 revealed that Resident #33 was NJ Ex Order 26. 4B1 staff for care. Review of the Care Plan for Resident #33 initiated on NJ Ex Order 26. 4B1, included a Focus area for NJ Ex Order 26. . The goal was Resident #33 will remain NJ Ex Order 26.4b1 due to NJ Ex Order 26. 4B1. The interventions were to establish NJ Ex Order 26.4B patterns, and check as required for NJ Ex Order 26. 4B1. The care plan did not indicate when staff were to provide care to the resident and the frequency for staff to turn and reposition the resident. On 1/21/25 at 8:43 AM, the surveyor went to Resident #33's room, Resident #33 was in bed sleeping. The breakfast tray was left opened on the bedside table. The surveyor checked with the U.S. FOIA (b) for NJ Ex Order 26. 4B1. at that time and the resident's NJ Ex Order 26. 4B1 was NJ Ex Order 26.4b1 with	F 677	weekly for the next 30 days and then 2 times monthly to ensure proper incontinence and nail care in accordance with the facility protocols. 4) The Unit Manager and MDS Coordinator will report the results of these audits to the Director of Nursing 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.	

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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

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F 677	Continued From page 43 NJ Ex Order 2[redacted]. 2. On 1/15/25 at 10:03 AM, the surveyor observed Resident #8 after morning care had been provided with the nails NJ Ex Order 26. 4B1, and a NJ Ex Order 26. 4B1 was underneath all of the NJ Ex Order 26. 4B1. Resident #8 was NJ Ex Order 26.4b1 engage with the surveyor. On 1/16/25 at 10:04 AM, the surveyor returned to the room and observed that Resident #8 had just completed breakfast. The resident's nails were still NJ Ex Order 26. 4B1 [redacted] On 1/16/25 at 10:19 AM, the surveyor interviewed the U.S. FOIA (b [redacted] who cared for Resident #8. The CNA stated that Resident #8 was on NJ Ex Order 26. 4B1 [redacted]. On 1/17/25 at 11:15 AM, the surveyor reviewed Resident #8's medical record which revealed the following: Resident #8 was admitted to the facility with diagnoses which included but were to limited to; NJ Ex Order 26. 4B1 [redacted]. According to the MDS dated NJ Ex Order 26. 4B1 [redacted], Resident #8 had a BIMS score of NJ Ex [redacted] out of 15 indicating that Resident #8 was NJ Ex Order 26. 4B1. The MDS also indicated that Resident #8 required NJ Ex Order 26.4b1 for NJ Ex Order 2[redacted]. A review of Resident #8's Comprehensive Care plan provided by the facility on 01/22/25, initiated on NJ Ex Order 26. 4B1 and last revised NJ Ex Order 26. 4B1, revealed that Resident #8 did not have a care plan in place for NJ Ex Order 2[redacted] self care performance deficit. The comprehensive Care Plan last revised NJ Ex Order 26.4b [redacted],	F 677		

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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

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F 677	Continued From page 44 addressed NJ Ex Order 26.4b1 [redacted] ... The care plan did not address NJ Ex Order [redacted] care. Based on the MDS assessment, Resident #8 was NJ Ex Order 26. NJ Ex Order 26. 4B1 staff for care. On 01/21/25 at 8:52 AM, the surveyor observed staff at the bedside. The staff identified herself as the U.S. FOIA (b) (6). The surveyor then inquired regarding nail care and the staff stated clearly, "[redacted]" The above concerns with NJ Ex Order 26. 4B1 and nails care were discussed with the facility management during the survey and again on 01/22/25. The U.S. FOIA (b) (6) indicated that the staff were responsible to provide resident nail care.	F 677		
F 687 SS=E	NJAC 8:39-27.1 (a)(e)(of) Foot Care CFR(s): 483.25(b)(2)(i)(ii) §483.25(b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: (i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and (ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments. This REQUIREMENT is not met as evidenced by:	F 687		2/26/25

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 687	Continued From page 45 Based on observation, interview, record review and review of pertinent documents it was determined that the facility failed to ensure there was no delay in treatment for a resident who required NJ Ex Order 26. 4B1 that was ordered on NJ Ex Order 26. 4B1 and the NJ Ex Order 26. 4B1 was completed NJ Ex Order 26. 4B1, and the resident wore NJ Ex Order 26. 4B1 as per physician order. This deficient practice was identified for 1 of 1 resident (Resident #38) reviewed for NJ Ex Order 26. 4B1 and was evidenced by the following: On 1/15/25 at 10:07 AM, the surveyor observed Resident #38 was in awake NJ Ex Order 26.4b1 in bed, with feet outside of covers and were not NJ Ex Order 26.4b1 or NJ Ex Order 26.4b1. Both feet were observed to be NJ Ex Order 26. 4B1. The NJ Ex Order 26. 4B1 had approximately a NJ Ex Order 26. 4B1. There were various NJ Ex Order 26. 4B1 of what appeared to be NJ Ex Ord scattered on the bed sheet by the resident's NJ Ex Ord On 01/22/25 at 8:00 AM, the surveyor reviewed the medical record for Resident #38 which revealed: A twenty-five-page Care Plan (CP) with current and canceled Focus areas that included a list of diagnoses, which included, but was not limited to; NJ Ex Order 26. 4B1. A CP Focus: Resident has diagnosis of NJ Ex Order 26. 4B1, Date Initiated: NJ Ex Order 26. 4B1 with a Goal: Resident will have no complications related to Diabetes through the review date. Target Date: NJ Ex Order 26.4b1	F 687	1) Resident #38 was seen by the U.S. FOIA (b) (6) on NJ Ex Order 26. 4B1. 2) All residents have the potential to be affected by this deficient practice. 3) Unit Managers audited all residents requiring podiatry care to ensure that there is no delay in treatment. The Assistant Director of Nursing inserviced all nurses on timely Podiatry consults for a resident with an identified podiatry need and all nursing staff on applying heel pads per physician□s order. The Unit Manager or designee shall complete audits on each unit 2 times weekly for the next 30 days and then 2 times monthly to ensure residents with physician orders for heel pads are wearing the heel pads as prescribed. The Unit Manager on each floor and/or designee will audit 3 residents per month to ensure podiatry consultations are being provided on a timely basis. 4) The Unit Manager will report the results of these audits to the Director of Nursing 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.	

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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F 687	Continued From page 46	F 687		

with Interventions, Dated Initiated: NJ Ex Order 26. 4B1 Check all of body for NJ Ex Order 26.4b1 and treat promptly as ordered by U.S. FOIA (b) (6); Check skin when assisting with NJ Ex Order 26. 4B1 Date Initiated NJ Ex Order 26. 4B1 and Inspect NJ Ex Or daily for open NJ Ex Order 26.4b1 . Report any of the above to the Medical Doctor, Date Initiated NJ Ex Order 26. 4B1.

The Order Summary Report dated, NJ Ex Order 26. 4B1 revealed:
- NJ Ex Order 26. 4B1 every shift, Order Date: NJ Ex Order 26.4b1.
-Consults: NJ Ex Order 26. 4B1 and treat as needed, Order Date: NJ Ex Order 26.4b1.
NJ Ex Order 26.4b1 every day shift every Monday and Friday, document using the following codes: NJ Ex Order 26.4b1 further documentation in progress notes is required.

On 01/21/25 at 1:19 PM, the surveyor reviewed the paper medical record and could not locate a NJ Ex Order 26. 4B1.

On 01/22/25 at 8:46 AM, two surveyors (#2 and #3) observed Resident #38 in bed without NJ Ex NJ Ex Order 26. 4B1. Both NJ Ex Order 2 present and the NJ Ex Order 26. 4B1 remained.

On 01/22/25 at 9:22 AM, the Surveyor interviewed the U.S. FOIA (b) (6) regarding the NJ Ex Order 26. 4B1 ordered NJ Ex Order 26. 4B1. The U.S. FOIA (b) (6) stated that the U.S. FOIA (b) (6) was at the facility weekly, confirmed the order was on NJ Ex Order 26.4b1 and stated

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F 687	Continued From page 47	F 687		

the NJ Ex Order 26. 4B1 for Resident #38 was completed on NJ Ex Order 26. 4B1 and the U.S. FOIA (b) (6) printed a copy for the surveyor. The U.S. FOIA (b) (6) stated normally, 'NJ Ex Order 26. 4B1 " U.S. FOIA and not sure why he came so late. The surveyor asked if the resident was supposed to wear the NJ Ex Order 26. 4B1 and she stated, the resident was supposed to wear them. The U.S. FOIA (b) (6) also reviewed the entire paper record to ensure there was no other NJ Ex Order 26. 4B1 . The surveyor reviewed the NJ Ex Order 26. 4B1 Dated NJ Ex Order 26. 4B1 , "Late Entry", which documented 'NJ Ex Order 26. 4B1 , Assessment: Plan. NJ Ex Order 26. 4B1 applied, lotion for NJ Ex Order 26.4b1 . Encourage NJ Ex Order 26. 4B1 . Discussed need for support hose for NJ Ex Order 26. 4B1 care discussed with staff will follow, 'NJ Ex Order 26. 4B1 ".

On 01/22/25 at 9:29 AM, the surveyor explained the observations to the U.S. FOIA (b) (6) regarding the NJ Ex Order 26. 4B1 observed on Resident #38's feet. The U.S. FOIA (b) (6) reviewed the NJ Ex Order 26. 4B1 and the areas were not indicated and the U.S. FOIA (b) (6) went with the surveyor to observe Resident #38's NJ Ex Ord . The U.S. FOIA (b) (6) looked at Resident #38's NJ Ex Ord and confirmed the NJ Ex Order areas and stated she would call the U.S. FOIA (b) (6) to make sure the areas were not overlooked.

The Podiatry Services Policy, Effective 2/2017, Revised 1/2025 revealed Policy: Routine and emergency podiatry services are available to meet the resident's health services in accordance with the resident's assessment and plan of care. Policy Interpretation and Implementation: 1.

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F 687	Continued From page 48 Routine and emergency podiatry services are available to meet the resident's needs. On 01/23/25 at 2:10 PM, during the facility exit conference, the U.S. FOIA (b) (6) provided a copy of a Late Entry Note Effective Date: NJ Ex Order 26. 4B1 documented by the U.S. FOIA (b) (6) which revealed spoke with the U.S. FOIA (b) (6) who stated the resident had NJ Ex Order 26.4b1 on bottom of NJ Ex Order 26. 4B1 that are not NJ Ex Order 26.4b1, and are not " U.S. FOIA (b) [redacted]. The facility did not respond to why the resident was not wearing the ordered NJ Ex Order 26 or why the NJ Ex Order 26. 4B1 was completed six weeks after it was ordered.	F 687		
F 689 SS=L	NJAC 8:39-27.1(a) Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Complaint NJ # 180392 Based on observation, interview, record review, and review of pertinent documentation, it was determined that the facility failed to a.) ensure effective interventions were implemented and monitored for a resident (Resident #143) who resided in a NJ Ex Order 26. 4B1 room and was identified as a [redacted] and was observed	F 689	Part A 1) Resident room #143 was immediately searched and no additional NJ Ex Order 26. 4B1 [redacted] materials were found. Resident #143□s responsible party was called to reeducate them on the NJ Ex Order 26. 4B1 Policy in the facility and that any NJ Ex Order 26. 4B1 [redacted] needed to be handed directly to Security Guard or staff member.	2/26/25

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F 689	Continued From page 49 NJ Ex Order 26. 4B1 their room on NJ Ex Order 26. 4B1. This deficient practice occurred for 1 of 1 residents reviewed for safe NJ Ex Order 26. 4B1. Observations on NJ Ex Order 26. 4B1, confirmed Resident #143 who resided in a NJ Ex Order 26. 4B1 room, kept their NJ Ex Order 26. 4B1 in their room. The facility's failure to ensure all residents were protected from serious injury, harm or death from explosion or fire, from NJ Ex Order 26. 4B1 of a room that had NJ Ex Order 26. 4B1 in through the walls resulted in an Immediate Jeopardy (IJ) situation. The IJ began on 10/19/24, when Resident #143 was found by a Registered Nurse (RN #1) to be NJ Ex Order 26. 4B1 in their room. From NJ Ex Order 26. 4B1, the surveyor observed NJ Ex Order 26. 4B1 inside of the resident's room and within arm's reach of Resident #143 and inside of an NJ Ex Order 26. 4B1 environment due to the facility NJ Ex Order 26. 4B1 that was piped in through the walls. The facility was notified of the IJ on 1/17/25 at 2:26 PM. The facility provided an acceptable Removal Plan (RP) which was verified on-site by the survey team on 1/21/25. The facility further failed to b.) ensure that two staff members were present to safely transfer a resident who was NJ Ex Order 26.4b1 on a NJ Ex Order 26. 4B1, who sustained a NJ Ex Order 26. 4B1 and required hospitalization on NJ Ex Order 26. 4B1. This deficient practice was identified for 1 of 1 residents (Resident #264) reviewed for accidents; the facility also failed to c.) ensure effective interventions and adequate supervision was provided to a resident (Resident #34) with a	F 689	A new NJ Ex Order 26. 4B1 contract was completed with Resident #143□s resident and responsible party. The Interdisciplinary Team met to discuss Resident #143□s NJ Ex Order 26. 4B1 of care. A physician□s order was added to the Medication Administration Record for room search every shift to check for any NJ Ex Order 26. 4B1. 2) All residents have the potential to be affected by this deficient practice. 3) The Director of Nursing inserviced all Department Heads and Unit Managers on 1/17/25 on procedures for smoking, including that all smoking materials are kept by Security Guard, immediate removal and reporting of any smoking material found with resident or in resident room. Smoking Policy was revised. Inservicing began on all staff from all departments on 1/17/25 on procedures for smoking, including that all smoking materials are kept by Security Guard, immediate removal and reporting of any smoking material found with resident or in resident room. If an employee was not on duty, employee was called and a record of verbal education was kept, then obtain signature on next scheduled workday. Any staff member who we are unable to reach by phone was inserviced on next scheduled work day prior to start of shift. The Director of Maintenance inserviced all Security Guards on the Smoking Policy and that all smoking materials need to be kept in the security office.	

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F 689	Continued From page 50 history of NJ Ex Order 26. 4B1 who was found on NJ Ex Order 26. 4B1, with NJ Ex Order 26. 4B1 [redacted]; and d.) protect all residents from potential fire or gaining access to NJ Ex Order 26.4b1 by ensuring effective interventions for the same resident (Resident #34) who on NJ Ex Order 26. 4B1 was found NJ Ex Order 26. 4B1 [redacted] in their room. This deficient practice was identified for 1 of 2 closed records reviewed for accidents (Resident #34). The evidence was as follows: Part A A review of the facility's "Smoking Safety" policy revised/reviewed 1/2025, revealed Policy: It is the purpose of this facility to ensure smoking safety at all times while resident in the facility. Procedure: 1. All smoking residents will receive and sign the Smoking Agreement Contract. If the resident refuses to sign the contract, the resident will lose the privilege of smoking. 2. Upon admission, smokers will be assessed for smoking safety. 3. The Social Worker will review the Smoking Assessment Contract with the resident and answer any questions if needed. The Social Worker will have the resident sign the contract at this time. 4. Cigarettes and lighting materials are held in the security office. The resident will not keep lighters, matches and/or lighting materials with them while not actively smoking or in a smoking area. On 1/15/25 at 9:39 AM, during the initial tour,	F 689	Facility has designated smoking times and smoking monitors. The Security Guard inserviced any smoking monitors on procedure to follow during smoking times. Smoking monitor checklist was created for use during each smoking time and kept in security office. Smoking list was updated to reflect all current smokers in the building. The list was distributed to the Interdisciplinary Team. Smoking Contract was revised. Director of Social Services and/or MDS Coordinator completed a new contract and education on all smokers in the building. Any resident with a BIMS 12 or lower, will have contract reviewed with responsible party. All current smokers had a new smoking assessment completed. Audit was completed to ensure all smokers had a care plan in place. A physician□s order was added to the Medication Administration Record for room search every shift to check for any smoking materials. Responsible parties of all smokers were called to educate them on the Smoking Policy in the facility and that any smoking materials needed to be handed directly to the Security Guard or staff member. All new admissions will be assessed on admission for Smoking. The Smoking Assessment will be reviewed in the morning meeting. If the resident is a smoker, the Social Worker will educate and complete contract with the resident. Social Worker will update smoking list to reflect any new smokers and distribute to	

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F 689	Continued From page 51 Surveyor #1 observed a sign posted on the wall outside of Resident #143's room which indicated, "[redacted]." Upon entering Resident #143's room, Surveyor #1 observed the resident in bed watching television. At that same time, Surveyor #1 observed a [redacted] on the table next to the resident and the surveyor asked the resident what they were. The resident took [redacted] out of the case and stated "[redacted]" while holding it and showing it to the surveyor. On 1/16/25 at 8:50 AM, Surveyor #1 reviewed the electronic medical record for Resident #143. According to the Admission Record face sheet (an admission summary) Resident #143 was admitted to the facility with diagnoses which included but were not limited to; [redacted]. A review of Resident #143's most recent quarterly Minimum Data Set (MDS), an assessment tool dated [redacted], reflected that the resident had a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, which indicated the resident had a [redacted]. A review of a nursing Progress Notes (PN), created on [redacted] at 7:18 PM, indicated "[resident] was seen in room [redacted];	F 689	interdisciplinary team. All new employees will be educated by the Assistant Director of Nursing on the smoking policy upon hire and annually thereafter. Any residents found in violation of smoking contract with have contract review and progressive interventions up to and including a 30 day discharge notice for not complying with smoking contract. The Interdisciplinary Team shall utilize the newly established Resident Smoker Audit Tool to track for compliance in all areas of with the facility Smoking Safety Policy and Procedure at the daily morning meeting as needed and at least three times weekly. The Administrator, Director of Social Service, Director of Recreation will each search the rooms of 5 smokers per week to check for any smoking materials. Any resident found with smoking materials will have material confiscated and be reported to the Administrator immediately for intervention. The Director of Maintenance and Director of Housekeeping will observe procedures followed during designated smoking times 3 times per week to ensure proper procedures are being followed and audit smoking monitor checklist for completion. 4) Results of these smoking audits will be reported to the Administrator on a	

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F 689	Continued From page 52 educated [resident] not to NJ Ex Order 26. 4B1. The [resident] shown area designated for NJ Ex Order 26. 4B1, states okay..." A review of Resident #143's individualized comprehensive care plan (ICCP) initiated on NJ Ex Order 26. 4B1, reflected that Resident #143 was a NJ Ex Order 26. 4B1. Interventions included: 'NJ Ex Order 26. 4B1 [redacted]." A further review of the resident's ICCP revealed a NJ Ex Order 26. 4B1 focus area created on NJ Ex Order 26. 4B1 at 7:18 PM, which revealed Resident #143 was seen NJ Ex Order 26. 4B1 in their room. The goal was for the resident to not NJ Ex Order 26. 4B1 in their room. Interventions initiated on NJ Ex Order 26. 4B1, included: NJ Ex Order 26. 4B1 given to security; NJ Ex Order 26. 4B1 were taken from resident's room; educated on risk of NJ Ex Order 26. 4B1 in room; encouraged to ask for assistance if needs help; U.S. FOIA (b) (6) and family made aware; Resident #143 will be monitored for NJ Ex Order 26. 4B1 every shift for NJ Ex Order 26. 4B1; the resident was shown designated NJ Ex Order 26. 4B1 area; smoke detector was immediately placed in room. On 1/16/25 at 11:44 AM, Surveyor #1 observed Resident #143 sitting in a wheelchair in their room with two NJ Ex Order 26. 4B1 adjacent to the resident's meal tray and within the resident's reach. On 1/17/25 at 8:19 AM, Surveyor #2 interviewed the U.S. FOIA (b) (6) who stated he was responsible to distribute the NJ Ex Order 26. 4B1	F 689	weekly basis. Any noncompliance will be reported to Administrator immediately. Monthly QAPI meetings will be held for the next six months to evaluate smoking compliance and safety. Meeting will address review of smoking contracts to ensure contract is in place for all residents who smoke, a review of list of smokers to ensure accuracy. Smoking Safety QAPI will be reviewed monthly and modified in accordance with audit findings, identification of barriers and/or root cause of noncompliance. The QAPI committee will evaluate to determine continuing frequency of audits. Part B 1) Resident #264 was NJ Ex Order 26.4b1 the facility at the time of survey and is [redacted] The Assistant Director of Nursing inserviced CNA #1 and #2 on the hoyer lift policy. The Assistant Director of Nursing inserviced the U.S. FOIA (b) (6) interviewed by surveyor on the hoyer lift policy reinforcing that the policy does not require a nurse or Respiratory Therapist be present during a hoyer transfer. 2) All facility residents have the potential to be affected by this deficient practice. 3) The Regional Quality Assurance RN inserviced the U.S. FOIA (b) (6) [redacted] on proper completion of	

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F 689	Continued From page 53 NJ Ex Order 26. 4B1 for resident use. The U.S. FOI Stated there was a 'NJ Ex Order 26. 4B1" list and a list of residents who NJ Ex Order 26. 4B1 affixed to the wall and Resident #143's name was not listed. The U.S. FOI stated for each NJ Ex Order 26. 4B1 time, there would be a staff member assigned at 10:00 AM, 1:00 PM, 4:00 PM and 7:00 PM. Surveyor #2 asked if Resident #143 NJ Ex Order 26. 4B1 since their name was not on the list of residents who NJ Ex Order 26. 4B1, and the U.S. FOI removed a plastic bag labeled with Resident #143's name out of the desk drawer and the bag contained two packages of NJ Ex Order 26. 4B1. Surveyor #2 asked if the residents could NJ Ex Order 26. 4 in their rooms and the U.S. FOI stated, 'NJ Ex Order 26. 4B1 " Surveyor #2 asked why Resident #143 was not on the list of NJ Ex Order 26. 4B1, and the U.S. FOI stated Social Services needed to update the list. Surveyor #2 asked if a resident NJ Ex Order 26. 4B1 in their room would it be a problem, and the U.S. FOI stated, 'NJ Ex Order 26. 4B1 ." The U.S. FOI stated, 'NJ Ex Order 26. 4B1 " Surveyor #2 asked if residents were allowed to keep the NJ Ex Order 26. 4B1 in their room, and the U.S. FOI stated, 'NJ Ex Order 26. 4B1 ." Surveyor #2 then asked what should happen if staff found a resident with NJ Ex Order 26. 4B1 in their room, and the U.S. FOI stated he should be notified because the residents were 'NJ Ex Order 26. 4B1 ." Surveyor #2 then asked if Resident #143 had been found NJ Ex Order 26. 4B1 in their room, and the U.S. FOI stated, he heard 'NJ Ex Order 26. 4B1," and that he should be 'NJ Ex Order 26. 4B1 " if any NJ Ex Order 26. 4B1 were found in the room. The U.S. FOI stated Resident #143 usually NJ Ex Order 26. 4B1 once a day or less; usually at 1:00 PM.	F 689	investigations to determine causal factors of injuries of unknown origin. Inservice included critical evaluation of statements provided, techniques for interviewing and evaluating statements for discrepancies. The Assistant Director of Nursing inserviced all staff on the facility Abuse Policy. Inservice included providing an accurate and timely account of events surrounding the discovery of an injury of unknown origin. The Assistance Director of Nursing inserviced all nursing and respiratory staff on the hoyer lift policy. The Assistant Director of Nursing will observe 10 hoyer lift transfers per month to ensure proper technique is followed. The Administrator and Director Nursing will audit each abuse investigation prior to determining conclusion to ensure that the investigation determines causal factors and that there are no discrepancies in the statements and/or interviews of any pertinent witnesses or staff members. 4) The Assistant Director of Nursing will report the results of the hoyer lift audits to the Director of Nursing on a monthly basis. All findings will be reported quarterly during the QAPI meeting for the next 2 quarters by the Administrator (abuse investigations) and Assistant Director of Nursing (hoyer lift audits). The QAPI	

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F 689	Continued From page 54 On 01/17/25 at 8:20 AM, Surveyor #1 observed Resident #143 sitting in a wheelchair in their room with two [redacted] on the tray table within reach of the resident and a [redacted] was on top of the nightstand. The resident stated, "[redacted]" Surveyor #1 asked Resident #143 if they had a [redacted] and the resident then gestured with both hands waving towards the nightstand, and stated, "[redacted]." Surveyor #1 asked the resident if they could show their [redacted] to the surveyor, and Resident #143 then began rummaging through their nightstand and stated, "[redacted]" On 1/17/25 at 8:45 AM, Surveyor #1 interviewed RN #1, who stated that the residents [redacted] in the designated area as per the [redacted] schedule. RN #1 stated all residents were assessed for [redacted] upon admission, and staff let Security know if the resident was a [redacted]. RN #1 stated the residents were not allowed to [redacted] in their rooms and if they were caught [redacted] in their rooms, their [redacted] were removed from their room and stored either with Security or inside the medication cart. RN #1 stated Resident #143 had [redacted] in their room before, and all the [redacted] were taken away from the resident. RN #1 further stated [redacted] was not allowed in the rooms due to residents using [redacted] and the risk of fire. On 01/17/25 at 9:16 AM, Surveyor #1 accompanied RN #1 to Resident #143's room, and the RN observed two [redacted] inside the resident's nightstand drawer. RN #1 stated Resident #143 was not allowed to have [redacted] in their room and immediately removed the [redacted] from the resident's	F 689	committee will evaluate to determine continuing frequency of audits. Part C 1) Resident #34 was [redacted] the facility at the time of survey and is [redacted]. 2) All facility residents have the potential to be affected by this deficient practice. 3) The facility Substance Abuse Policy was revised. The Assistant Director of Nursing inserviced all staff on the Substance Abuse Policy and Procedure and substance abuse recognition. The facility identified residents at risk for use of illegal substances. These residents were identified based on current use of a medication used to manage opioid dependence or resident has an active care plan for history of substance abuse. The IDT team met with these identified at risk residents and educated them on the facility Substance Abuse Policy. The residents were advised that the facility would be completing a search of their rooms 2 x per week to ensure no contraband or illegal substances are present. Any resident found with paraphernalia will have material confiscated and be reported to the Administrator immediately for intervention. Care plan was updated for these at risk residents. Any new admissions with recent history of	

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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

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F 689	Continued From page 55 room. On 1/17/25 at 9:21 AM, Surveyor #1 interviewed the U.S. FOIA (b) (6), who stated residents were not allowed to NJ Ex Order 26. 4 in their rooms. The U.S. FOIA (b) (6) stated, 'NJ Ex Order 26. 4B1 ." The U.S. FOIA (b) (6) then stated that she checked Resident #143's room 'NJ Ex Order 26. 4B1 ." Surveyor #1 then informed the U.S. FOIA (b) (6) about the observations from NJ Ex Order 26. 4B1. Surveyor #1 asked if there was any documentation for completed room checks, and the U.S. FOIA (b) (6) stated it was not documented. On 1/17/25 at 10:04 AM, during an interview with Surveyor #1 & #3, RN #1 stated she observed Resident #143 NJ Ex Order 26. 4B1 in the bathroom inside their room on NJ Ex Order 26. 4B1. RN #1 stated she was doing rounds and smelled NJ Ex Order 26. 4, and found Resident #143 in the bathroom NJ Ex Order 26. 4B1. RN #1 stated she then immediately took the NJ Ex Order 26. 4B1 from the resident and observed that there were also NJ Ex Order 26. 4B1 the resident's drawer, and provided those NJ Ex Order 26. 4B1 to the U.S. FOIA (b) (6), who then provided them to Security. The U.S. FOI then stated she had informed the U.S. FOIA (b) (6) of what occurred, and the U.S. FOI was directed to complete the incident report. On 1/17/25 at 11:00 AM, Surveyor #1 interviewed the U.S. FOIA (b) (6), who stated when a new resident who was a NJ Ex Order 26. 4B1 was admitted to the facility, the resident signed a NJ Ex Order 26. 4B1 Agreement Contract (SAC), and the resident was added to the NJ Ex Order 26. 4B1 list. The U.S. FOIA further stated the updated NJ Ex Order 26. 4B1 list was sent to the team which included the U.S. FOIA (b) (6)	F 689	substance abuse or on a medication used to manage opioid dependence will be evaluated by the interdisciplinary team to determine risk. Residents identified at risk will have rooms searched 2 x per week to ensure no contraband or illegal substances are present and will have care plan in place for risk. Any resident found with drug related paraphernalia or presenting with signs of substance use will be investigated to determine how the substance was obtained. Interventions may include but not limited to q shift room searches, revoking OOP orders, searching any deliveries and 30 day discharge letter. The Administrator and Director of Maintenance will search the rooms of 5 residents identified at risk for substance abuse twice per month to check for any drug related paraphernalia. 4) The Administrator will report the results of these audits to the QAPI committee on a quarterly basis. All findings will be reported quarterly during the QAPI meeting for the next 2 quarters by the Administrator. The QAPI committee will evaluate to determine continuing frequency of audits	

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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F 689		F 689		

Continued From page 56

U.S. FOIA (b) (6) [redacted], and maintenance department. The [redacted] stated, "[redacted]." The [redacted] further stated that the nurses were required to complete a [redacted] Assessment upon admission and quarterly. Surveyor #1 requested to see the SAC for Resident #143, and the [redacted] provided an undated and unsigned copy of Resident #143's SAC that had a handwritten name on it. The [redacted] acknowledged "[redacted]" and the [redacted] was not able to explain why. The [redacted] then provided an updated [redacted] list and explained she had updated it earlier because she had not been aware that Resident #143 was a [redacted]. The [redacted] reviewed Resident #143's ICCP with Surveyor #1, which indicated that Resident #143 signed the SAC after it was reviewed with the resident.

On 01/17/25 at 11:37 AM, Surveyor #1 interviewed the U.S. FOIA (b) (6) [redacted], who stated the nurses completed the [redacted] Assessment (SA) on all newly admitted residents. The [redacted] reviewed the SA in the presence of Surveyor #1 and then stated the SA was incomplete for Resident #143.

On 1/17/25 at 11:59 AM, Surveyor #1 interviewed the [redacted], who stated that the process for the SA was that it was completed by the U.S. FOIA (b) (6) [redacted] upon admission, then quarterly and again if the resident had stopped [redacted]. After the completion of SA, the resident's name was added to the [redacted] list. The [redacted] reviewed SA in the presence of Surveyor #1, and confirmed the SA was incomplete for Resident #143.

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F 689	Continued From page 57 On 1/17/24 at 1:10 PM, Surveyor #1 interviewed the [U.S. FOI] who stated that he did not know who Resident #143 was because he was not a regular [NJ Ex Order 26. 4B]. Upon Inquiry, the [U.S. FOI] stated he was unaware of the [NJ Ex Order 26. 4B1] incident that occurred on [NJ Ex Order 26.4b1] An acceptable Removal Plan (RP) was received on 1/17/25 at 8:31 PM, indicating the action the facility will take to prevent serious harm from occurring or reoccurring. The facility implemented a corrective action plan to remediate the deficient practice including: the resident's room was immediately searched and *NJ Ex Order 26. 4B1* was removed from the room; resident's representative party was re-educated about the [NJ Ex Order 26. 4B1] policy and that any *NJ Ex Order 26. 4B1* needed to be handled directly to the *U.S. FOIA (b) (6)* or staff; a new [NJ Ex Order 26. 4B1] contract was completed with Resident #143 and responsible party; IDT team met to discuss resident's [NJ Ex Order 26. 4B1] plan of care; physician's orders were added to Medication Administration Record for room search every shift for any *NJ Ex Order 26. 4B1*; all department heads and Unit Managers were in-serviced on smoking procedures by the *U.S. FOIA (b) (6)*; [NJ Ex Order 26. 4B1] policy was revised; [NJ Ex Order 26. 4B1] list was updated to reflect all current [NJ Ex Order 26. 4B1] in the building; [NJ Ex Order 26. 4B1] contract was revised; and all current [NJ Ex Order 26. 4B1] had a new [NJ Ex Order 26. 4B1] assessment completed. The survey team verified the [U.S. FO] as implemented on-site on 1/21/25 at 11:24 AM. Part B Refer to F610	F 689		

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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F 689	Continued From page 58 On 01/21/25 at 10:00 AM, the surveyor reviewed the closed electronic medical record for Resident #264. According to the Admission Record face sheet, Resident #264 was admitted to the facility with diagnoses which included but were not limited to; [redacted]. A review of Resident #264's quarterly MDS dated [redacted], reflected that the resident was coded as [redacted] and "[redacted]" to being in a "[redacted]." Resident #264 was [redacted] on staff for all care. A review of Resident #264's ICCP included a focus area initiated on [redacted], for being at risk for falls related to poor safety awareness, [redacted], side effects of medications, [redacted] Interventions included to use [redacted] for transfers with [redacted] assisting with the transfer. A review of the Progress Notes revealed an Interdisciplinary Team (IDT) Note dated [redacted] at 10:20 PM, which included the IDT was made aware by [redacted] that Resident #264 was noted with [redacted]. The [redacted] was notified and ordered the resident to be sent to the hospital for further evaluation and treatment. A report was given to the [redacted], and [redacted] was at bedside. A review of the IDT Note dated [redacted] at 10:22	F 689		

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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F 689	Continued From page 59	F 689		

PM, revealed that transportation was arranged with the [hospital name redacted] Emergency Services.

A review of the IDT Note dated [redacted] at 8:05 PM, revealed a follow-up to the emergency room. The resident was admitted with diagnoses [redacted].

On 1/16/25 at 10:30 AM, the surveyor reviewed the investigation and the Reportable Event Record completed by the facility dated [redacted]. There was no causal factor identified for [redacted].

A review of a statement for CNA #1's, who cared for the resident revealed the following:

On [redacted], CNA #1 documented that on [redacted], that she went in the afternoon to put Resident #264 in bed, and '[redacted]." The statement was signed [redacted] 3:00 PM-11:00 PM shift. (This note was documented before the [redacted])

On 11/06/24, CNA #1 documented that on [redacted], in the evening "[redacted]" put resident back in bed with a [redacted]. The resident was sitting in the recliner chair and we assisted the resident back to bed lying on their left side. "[redacted]." (This note was documented after the [redacted] transfer)

The surveyor reviewed the statement provided by CNA #2, who also worked on the unit with CNA #1. CNA #2 documented that on [redacted], in the

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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F 689	Continued From page 60	F 689		

evening I assisted my co-worker to place resident back in bed with [NJ Ex Order 26. 4B1]. The resident was sitting in the recliner chair and we assisted the resident back to bed lying on their left side. Once back in bed, I noticed the resident had [NJ Ex Order 26. 4B1] [redacted]. The assigned [U.S. FOIA (b) (6)] reported the [NJ Ex Order 26. 4B1] to the nurse.

A review of RN #2's statement dated [NJ Ex Order 26.4b1] at 9:15 PM, indicated that they worked the 3:00 PM to 11:00 PM shift on the 2nd floor [NJ Ex Order 26. 4B1] unit and was assigned to Resident #264. At 3:00 PM, I made rounds and the resident was sitting in a recliner chair along the bedside and I did not notice any changes to Resident #264. At 5:00 PM, the resident was provided care and placed back to bed by the [U.S. FOIA (b) (6)]. At approximately 8:30 PM, the *U.S. FOIA (b) (6)* [redacted] came to the unit to provide care for the resident. At 9:15 PM, the [U.S. FOIA (b) (6)] informed her that the resident was noted with a *NJ Ex Order 26. 4B1* [redacted].

On 1/17/25 at 8:15 AM, the surveyor interviewed a staff [U.S. FOIA (b) (6)] regarding the protocol to transfer residents with the [NJ Ex Order 26. 4B1]. The [U.S. FOIA (b) (6)] stated that two staff members had to be in the room for the transfer.

On 1/17/25 at 8:52 AM, the surveyor interviewed the *U.S. FOIA (b) (6)* [redacted], and he confirmed that [NJ Ex Order 26.4b1] had to be in the room to transfer a *NJ Ex Order 26. 4B1* resident from the bed to the recliner chair. When inquired regarding Resident #264, he confirmed that on [NJ Ex Order 26. 4B1], he had assisted CNA #3 with the transfer from the bed to the recliner chair in the morning, and there was [NJ Ex Order 26.4b1] observed. The [U.S. FOIA (b) (6)] informed the surveyor that on [NJ Ex Order 26. 4B1] at 4:53 PM, he observed

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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F 689	Continued From page 61 Resident #264 in bed and he did not assist with the transfer back to bed, nor was he made aware of [NJ Ex Order 26.4b1]. On 01/17/25 at 11:59 AM, the surveyor reviewed the facility provided incident report and the statements attached with the [U.S. FOIA (b)]. The [U.S. FOIA (b)] stated that she was aware of the discrepancies in CNA #1's statements and could not provide any rationale for not clarifying the discrepancies prior to the submission of the investigation to the Department of Health (DOH). The [U.S. FOIA (b)] stated there was a misunderstanding and miscommunication about the investigation. The [U.S. FOIA (b)] stated she had understood Resident #264 NJ Ex Order 26.4b1 during the transfer and stated that Resident #264 '*NJ Ex Order 26. 4B1* [redacted]" On 01/17/25 at 12:05 PM, the surveyor conducted a second interview with the [U.S. FO]. The [U.S. FOIA (b)] on duty that day revealed that [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] were to transfer any resident out of the bed and back to bed if the resident was on a [NJ Ex Order 26. 4B1] [redacted]. The [U.S. FO] stated that some CNAs worked as floaters to the unit and they were not trained to transfer residents with the *NJ Ex Order 26. 4B1*. The [U.S. FO] stated for safety reasons, a nurse had to be in the room to assist or if the nurse could not assist, the [U.S. FOIA (b) (6)] delegated the task to the [U.S. FO] who supervised the transfer. When asked if there was a policy for transferring a resident with a [NJ Ex Order 26. 4B1], he stated, '*NJ Ex Order 26. 4B1* [redacted]". A review of the documents provided revealed that the [U.S. FO] nor the *U.S. FOIA (b) (6)* assisted	F 689		

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F 689	Continued From page 62 CNA #1 with the transfer. On 01/21/25 at 11:47 AM, the surveyor interviewed the U.S. FOIA (b) (6) regarding NJ Ex Order 26.4b1 by Resident #264 during the transfer. The U.S. FOIA stated that he was told by the U.S. FOIA (b) the NJ Ex Order 26.4b1 from the NJ Ex Order 26. 4B1 and was not provided with any additional information. On 1/21/25 at 1:45 PM, the surveyor interviewed the U.S. FOI, who ordered Resident #264 to be transferred to the hospital for a NJ Ex Order 26. 4B1 [redacted]. The U.S. FOI stated that since the U.S. FOIA (b) (6) was significant and since no one knew the source of NJ Ex Order 26.4b1, she ordered the NJ Ex Order 26. 4B1 to ensure there were no NJ Ex Order 26. 4B1. A review of the summary provided to DOH on NJ Ex Order 26.4b1, the U.S. FOIA (b) indicated the following: "NJ Ex Order 26. 4B1 [redacted]". Interviews with staff familiar with the resident routine revealed that the resident was NJ Ex Order 26. 4B1. Actions included to:...4. Transfer to Hospital for Evaluation; 5. NJ Ex Order 26.4b1 Competencies with CNAs; 6. Maintain NJ Ex Order 26.4b1 with NJ Ex Order 26.4b1 transfer and care; CNA #1 had Resident #264 on the NJ Ex Order 26. 4B1 alone in the room. CNA #2 was not in the room when CNA #1	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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ALARIS HEALTH AT ST MARY'S	135 SOUTH CENTER STREET ORANGE, NJ 07050

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F 689	Continued From page 63	F 689		

initiated the transfer and placed Resident #264 on the [NJ Ex Order 26. 4B1]. Utilize soft padding on the [NJ Ex Order 26. 4B1] crossbar during resident transfers.

On 1/22/24 at 10:15 AM, two surveyors conducted an in person interview with CNA #1, who stated that she recalled the incident. CNA #1 stated that the evening shift was very chaotic, and that she observed [NJ Ex Order 26.4b1] after transferring Resident #264 in bed. CNA #1 stated that Resident #264 always scratched their [NJ Ex Orde], and [NJ Ex Order 26.4b1] could be self-inflicted. When asked if she remained in the room with the resident and waited for the nurse to come and assess [NJ Ex Or] CNA #1 stated she had too much to do that day; she moved on and attended to other residents. The surveyor then inquired about the 2nd statement, and CNA #1 read the statement and stated, '[NJ Ex Order 26. 4B1] ."

On 1/22/24 at 12:00 PM, the surveyor conducted a telephone interview with CNA #2, whom CNA #1 claimed assisted her with the transfer. CNA #2 stated that when she entered the room, [NJ Ex Order 26. 4B1] " CNA #2 observed the [NJ Ex Order 26.] and advised CNA #1 to report [NJ Ex Order 26.4b1] to the nurse. When asked if she assisted CNA #1 with care, CNA #2 stated, [NJ Ex Order] ".

On 1/22/25 at 1:15 PM, the surveyor interviewed CNA #3, who was assigned to the 7:00 AM-3:00 PM shift regarding Resident #264's care. CNA #3 stated that she cared for Resident #264 daily; that Resident #264 was [NJ Ex Order 26. 4B1]

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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F 689	Continued From page 64 NJ Ex Order 26. 4, and required a NJ Ex Order 26. 4B1 with transfers. CNA #3 further stated that on NJ Ex Order 26. 4B1, she transferred Resident #264 to the recliner chair with the U.S. FOIA (b) (6). During the day she periodically checked Resident #264, and NJ Ex Order 26.4b1 was noted to the NJ Ex Order 26. 4B1. On 1/23/25 at 10:56 AM, the surveyor reviewed the investigation with the U.S. FOIA (b) (in the presence of the survey team. The U.S. FOIA (b) (stated that in reviewing RN #2's statement and the investigation, he could see there were some discrepancies. The U.S. FOIA (b) (added the investigation was not concise and thorough, and that his expectation was that the facility would thoroughly investigate NJ Ex Order 26.4b1 origin. On 1/23/25 at 1:30 PM, during the exit conference no additional information was provided. A review of the facility's "Incident/Accidents" policy dated 05/01/14, and last revised 1/2024, included "Policies and Procedures are guidelines. They are intended to communicate information that generally applies to facility operations. Current rules, regulations and laws take precedence over guidelines. Policy: Each resident receives adequate supervision and assistive devices to prevent accidents; Purpose: A system to prevent and/or minimize further incidents and accidents; All interventions should be placed in treatment record and signed by nurses. A review of the facility's "Abuse Prevention Program" dated last revised 1/2025, under identification indicated the following: "All residents sustaining bruises, skin tears, any marks of the skin, and any fractures or injuries, which are of	F 689		

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 01/23/2025

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 689	Continued From page 65 unknown origin, shall be identified as potential abuse incidents and investigated as such... The policy for Hoyer lift transfer was not provided. Part C On 01/17/25 at 8:46 AM, Surveyor #2 reviewed the closed electronic medical record (EMR) for Resident #34. A review of the Admission Record face sheet revealed Resident #34 had diagnoses including, but not limited to; [redacted]. A review of an IDT Progress Notes (PN) dated effective [redacted] 10:50 AM, and created on [redacted], by the nursing department included that on [redacted], the primary nurse called the supervisor for the Resident #34, and upon the supervisor's arrival, the [redacted] found the resident on the bed with [redacted]. The room was fully searched, and [redacted] was found on the resident's bed. The supervisor immediately confiscated the [redacted]. Education was given to the resident about the risks of [redacted] and that these actions violate the policies of the hospital (the facility). The [redacted] was made aware, and ordered the resident to be transferred to the hospital for evaluation, and ordered a [redacted]. A review of the Laboratory (Lab) Results Report with a collection date of [redacted], revealed Resident #34 tested [redacted].	F 689		

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 01/23/2025

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F 689	Continued From page 66	F 689		

A review of the IDT PN dated late entry effective [redacted] at 1:26 PM, created on [redacted] at 1:27 PM, by the [redacted], included the resident was noted with [redacted]. The resident declined to be transferred to the emergency room (ER) for evaluation. The resident was educated on risk versus benefit of using [redacted], and [redacted] obtained per physician order.

A review of the Lab Results Report with a collection date of [redacted], revealed Resident #34 tested [redacted].

A review of a IDT Note dated [redacted] at 10:12 AM, included [redacted] results received. The resident was [redacted]. The resident was [redacted] which was prescribed. The [redacted] and physician were notified.

A review of the IDT PN dated late entry effective [redacted] at 11:56 AM, included at 10:39 AM, the resident was noted in the wheelchair in room [redacted]. The [redacted] ordered the resident be sent to the ER, and 911 was called. A STAT (immediate) [redacted] ordered per physician and resident refused. The resident was noted with a [redacted] in possession which were confiscated. The [redacted] was made aware of the resident's refusal to go to ER.

A review of the Order Summary Report for the admission date of [redacted], for Resident #39, revealed an physicians order (PO) to maintain

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 01/23/2025

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

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F 689	Continued From page 67 NJ Ex Order 26. 4B1 every shift ordered on NJ Ex Order 26.4b1. A PO that may have visitors under supervision as needed ordered NJ Ex Order 26.4b1, and an order for NJ Ex Order 26. 4B1 ; give 50 mg by mouth once a day for NJ Ex Order 26. 4B1. A review of Resident #34's ICCP included the following focus areas: A focus area initiated on NJ Ex Order 26. 4B1, for the resident having a past history of NJ Ex Order 26. 4B1. The goal was to keep Resident #34 safe with the interventions including daily room searches initiated on NJ Ex Order 26. 4B1. A focus area initiated NJ Ex Order 26. 4B1, that the resident was a NJ Ex Order 26. 4B1 with a goal to be a safe NJ Ex Order 26. 4B1. An Intervention included the NJ Ex Order 26. 4B1 Contract was reviewed and signed on NJ Ex Order 26. 4B1. A focus area for the resident being on NJ Ex Order 26. 4B1, and on NJ Ex Order 26. 4B1, the resident was noted with NJ Ex Order 26. 4B1, room check was done and suspected NJ Ex Order 26. 4B1 found on resident bed... A focus area for Resident #34 noted on NJ Ex Order 26. 4B1, with NJ Ex Order 26. 4B1 and a room check was done and suspected NJ Ex Order 26. 4B1 found on the bed. A NJ Ex Order 26. 4B1 was confiscated. A focus area that Resident #34 will be free of NJ Ex Ord initiated on NJ Ex Order 26. 4B1. On 01/22/25 at 9:02 AM, Surveyor #2 interviewed the U.S. FOIA (b) (6)	F 689		

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F 689	Continued From page 68	F 689		

U.S. FOIA (b) (6), who was familiar with Resident #34. The U.S. FOIA (b) (6) stated she used to be on Resident #34's floor, and she stated that Resident #34 was NJ Ex Order 26.4b1 and had an issue with NJ Ex Order 26. 4B1. Surveyor #2 asked about the NJ Ex Order 26. 4B1 and when Resident #34 was found with NJ Ex Order 26. 4B1. The US FOIA (b)(6) stated Resident #34 NJ Ex Order 26. 4B1 and went outside and was observed going to the fence and someone came and handed the resident something and quickly ran off. Resident #34 was asked what was given and stated to the NJ Ex Order 26. 4B1 it was nothing, and the NJ Ex Order 26. 4B1 then found Resident #34 not NJ Ex Order 26. 4B1 and they lifted the bed and found a NJ Ex Order 26. 4B1 under the resident's bed that was some sort of item NJ Ex Order 26. 4B1. Surveyor #2 asked about what was done to prevent Resident #34 from obtaining NJ Ex Order 26. 4B1 again, and the LPN/UM stated Resident #34 had NJ Ex Order 26. 4B1 for a few weeks and then, "NJ Ex Order 26. "

On 01/22/25 at 9:45 AM, Surveyor #2 asked the U.S. FOIA (b) for all incidents, grievances, investigations related to Resident #34 and they were provided them at 11:30 AM the same day.

An Investigative Summary for the Concern on NJ Ex Order 26. 4B1 at 8:55 PM, when Resident #34 was NJ Ex Order 26. 4B1 was found on the bed. The undated Investigative Findings included that Resident #34's roommate observed the resident going to the fence in the NJ Ex Order 26. 4B1 courtyard, but could not see what was happening. The resident (Resident #34) was found with a NJ Ex Order 26. 4B1 on the resident's bed shortly after, and the NJ Ex Order 26. 4B1. The conclusion revealed

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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F 689	Continued From page 69 that the [U.S. FOIA (b)] told the resident that [NJ Ex Orde] will not be tolerated due to risk of harm to self. Actions included: 1. Resident placed on every thirty-minute checks for 3 days ... A statement signed by an unidentified person on [NJ Ex Order 26.4b1], revealed Resident #34 was observed going to the gate continuously during the [NJ Ex Order 26. 4B1] time. Three Thirty-Minute Monitoring Sheets dated *NJ Ex Order 26. 4B1*, had a time and space next to the time for the 11:00 PM-7:00 AM (11-7) shift, 7:00 AM-3:00 PM (7-3) and 3:00 PM-11:00 PM (3-11) shift. The handwritten documents did not identify who filled them out each shift, and did not represent all meals, or [NJ Ex Order 26. 4B1] times. An Incident Report dated 0[NJ Ex Order 26.4B], and completed by the [U.S. FOIA (b)], revealed Resident #34 was noted with *NJ Ex Order 26. 4B1*. Immediate Action Taken was the resident was educated on the risk versus benefit of using [NJ Ex Orde]. There was no Investigative Summary Attached with additional actions to prevent recurrence. An Incident Report dated [NJ Ex Order 26.4b1] completed by the [U.S. FOIA (b) (0)], revealed the resident was noted with a *NJ Ex Order 26. 4B1* in their position; [NJ Ex Order 26.]. 911 was called and the resident refused to go...There was no Investigative Summary with additional actions to prevent recurrence. On 01/22/25 at 1:46 PM, Surveyor #2 interviewed the [U.S. FOIA (b)] in the presence of the survey team, and the [U.S. FOIA (b)] was asked to explain what the [NJ Ex Order] found in Resident #34's room was.	F 689		

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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

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F 689	Continued From page 70	F 689		

The [U.S. FOIA (b)] stated there was a [NJ Ex Order 26. 4B1] [redacted], and another incident when a [NJ Ex Order] was found. The [U.S. FOIA (b)] stated the resident was placed on [NJ Ex Order 26. 4B1] and room checks. Surveyor #2 asked if the police were contacted and the [U.S. FOIA (b)] stated, '[NJ Ex Order 26. 4B1] [redacted]" Surveyor #2 asked if other residents obtained the [NJ Ex Order 26] from Resident #34, and the [U.S. FOIA (b)] stated no other residents appeared to be under the [NJ Ex Order 26. 4B1]. The [U.S. FOIA (b)] was asked who was to monitor the [NJ Ex Order 26. 4B1] to see if items were passed through the fence, and she stated it would be seen on the security camera. Surveyor #2 asked what was done to prevent the recurrence, and the [U.S. FOIA (b)] stated we asked Resident #34 initially about the [NJ Ex Order 26] and Resident #34 denied it, and "[NJ Ex Order 26. 4B1] [redacted]." The [U.S. FOIA (b)] stated they could not prove where the [NJ Ex Order 26] came from, and they must do the least restrictive intervention. The surveyor asked the [U.S. FOIA (b)] why the [NJ Ex Order 26. 4B1], incident note was written in [NJ Ex Order 26.4b1], and the [U.S. FOIA (b)] stated she could not recall why and stated that the facility did not report any of the instances. Surveyor #2 asked where the resident received the [NJ Ex Order 26. 4B1] that was identified on the [NJ Ex Order 26. 4B1]. The [U.S. FOIA (b)] stated the facility did not know, and stated maybe when the resident went to the [NJ Ex Order 26. 4B1] as the residents were '[NJ Ex Order 26. 4B1] [redacted]" down where the [NJ Ex Order 26] come from. Surveyor #2 asked the [U.S. FOIA (b)] what the facility's responsibility was to protect all the residents in the facility from [NJ Ex Order 26.4b1] and for safety when the resident was found with a [NJ Ex Order 26. 4B1] in the room. The [U.S. FOIA (b)] stated Resident #34 was placed on [NJ Ex O] [redacted] and Surveyor #2 stated that the resident then was found having [NJ Ex Order 26. 4B1] [redacted]. The

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F 689	Continued From page 71 U.S. FOIA (b) stated we NJ Ex Order 26. 4B1 the NJ Ex Order 26.4b1 the first time. Surveyor #2 asked what about when it happened a second time in NJ Ex Order 26. 4B. The U.S. FOIA (b) stated it was discussed as a team and the U.S. FOIA (b) stated it was her responsibility to protect the other residents, and she did not think Resident #34 was giving NJ Ex Order 26 to other residents, and stated, "[redacted]" On 01/23/25 at 8:53 AM, Surveyor #2 interviewed the *U.S. FOIA (b) (6)* in the presence of the survey team, and asked if he was made aware of Resident #34's incidents with *NJ Ex Order 26. 4B1* and was found in the facility in their room not responding, and found with a *NJ Ex Order 26. 4B1* were found in the resident's system. The U.S. FOIA stated he was not aware, and then stated, "*NJ Ex Order 26. 4B1*." Surveyor #2 asked what should have been done after that occurred. The U.S. FOIA stated, "NJ Ex Order 26. 4B1 [redacted]." On 01/23/25 at 11:32 AM, the survey team reviewed the above concerns with the U.S. FOIA (b) (6) [redacted]. On 01/23/25 at 2:15 PM, during the exit conference, the facility administration had no further information to provide.	F 689		
F 695 SS=D	NJAC 8:39 31.6(e); 4.1 (a)(5); 27.1(a)(b) Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning.	F 695		2/26/25

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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

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F 695	Continued From page 72 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, record review, and review of pertinent facility documents, it was determined that the facility failed to administer NJ Ex Order 26.4b1 according to the physician order, and ensure NJ Ex Order 26.4b1 was stored properly. This deficient practice was identified for 1 of 3 residents (Resident #47) reviewed for NJ Ex Order 26.4b1 was 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 such services as case-finding, 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	F 695	1) Resident #47's NJ Ex Order 26. 4B1 was discarded and a new one was provided. The rate was adjusted to NJ Ex Order 26. 4B1 . 2) All residents on oxygen therapy have the potential to be affected. 3) All residents with oxygen therapy were checked to ensure nasal cannula was stored properly and oxygen was being provided at the rate prescribed by the physician. All nursing staff were inserviced by the Assistant Director of Nursing on administering oxygen per MD order and on proper storage of oxygen tubing. The Infection Preventionist will audit a sample of 10 residents on oxygen twice a month to ensure nasal cannula is stored properly and oxygen is being administered at correct rate per physician order. 4) The Infection Preventionist will report the results of these audits to the Director of Nursing on a monthly basis. All findings will be reported quarterly	

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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F 695	Continued From page 73 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." During initial tour on 1/15/25 at 11:04 AM, the surveyor observed Resident #47 sitting in a wheelchair in their room. The resident was on *NJ Ex Order 26. 4B1* [redacted]. The surveyor observed an [redacted] behind the resident's wheelchair, connected to a [redacted] which was wrapped around the [redacted] handle of the wheelchair. The [redacted] was not in any protective covering and was exposed to the environment. On 1/21/25 at 9:14 AM, the surveyor observed Resident #47 resting in the bed. The resident was on *NJ Ex Order 26. 4B1*. The surveyor observed the resident's wheelchair closer to the window with the [redacted] wrapped around the [redacted] handle of the wheelchair and in direct contact with resident's socks which were hanging back of the wheelchair. The [redacted] was not in any protective covering and was exposed to the environment. The surveyor reviewed the medical records of Resident #47 and revealed: According to the Admission Record, Resident #47 was admitted to the facility with *NJ Ex Order 26. 4B1* [redacted]	F 695	during the QAPI meeting for the next 2 quarters by the Infection Preventionist. The QAPI committee will evaluate to determine continuing frequency of audits.	

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	315352	A. BUILDING _____ B. WING _____	C 01/23/2025

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

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F 695	Continued From page 74	F 695		

NJ Ex Order 26. 4B1 [redacted].

A review of the Quarterly Minimum Data Set Assessment (MDS), an assessment tool used to facilitate the management of care, dated NJ Ex Order 26. 4B1, revealed the resident had a score of [redacted] out of 15 on the Brief Interview for Mental Status (BIMS), which indicated that the resident had NJ Ex Order 26. 4B1. Further review of the MDS did not document that Resident #47 received [redacted].

A review of the Order Summary Report for Resident #47 revealed Physician Orders (PO) as follows:

- NJ Ex Order 26. 4B1 every shift with the start date from NJ Ex Order 26.4b1.
- NJ Ex Order 26. 4B1 every shift with the start date [redacted].

A review of the resident's Care Plan (CP) included a focus area that indicated, " ... [redacted]". The Interventions included give medications as ordered by physicians; NJ Ex Order 26. 4B1 as ordered, initiated on [redacted].

On 1/21/25 at 9:48 AM, during an interview with the surveyor, the U.S. FOIA (b) (6) stated when she made rounds, she would check if the residents were on the correct amount of [redacted] as per physician orders. The [redacted] stated that she

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 01/23/2025

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F 695	Continued From page 75	F 695		

would store the [redacted] or other equipment in a special bag when the [redacted] was not in use because of safety precautions and to avoid contamination. The [redacted] stated Resident #47 was on [redacted] as per physician order. The surveyor informed the [redacted] of above-mentioned findings regarding resident's [redacted] during initial tour and [redacted] prior to the interview. The surveyor accompanied the [redacted] to Resident #47's room. The [redacted] spoke with the resident and the resident stated, "[redacted]."The resident confirmed that the oxygen was at [redacted]. The [redacted] stated, [redacted]." In the presence of the surveyor, the [redacted] observed the [redacted] wrapped around the [redacted] handle of the wheelchair. [redacted] stated the [redacted] should have been placed in the bag. The [redacted] then discarded the [redacted] from the wheelchair.

On 1/21/25 at 1:20 PM, during an interview with the surveyor, the [redacted] stated when residents are on [redacted], the nurses should follow physician orders and make the sure the residents were on the right setting as per the physician orders. The [redacted] stated that all [redacted] would be stored in a special plastic bag when not in use. The surveyor informed the [redacted] of the above findings. The [redacted] stated [redacted] wrapped around the wheelchair handle was not acceptable.

On 1/23/25 at 11:33 AM, the survey team met with the facility administration. The surveyor notified the facility management of the above-mentioned concerns for Resident #47.

A review of the facility provided "Oxygen Therapy" revised 1/2025 included: Under Preparation and

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 01/23/2025

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F 695	Continued From page 76 Observations: The licensed nurse shall: "1. .... Review the physician's order for oxygen administration. Oxygen therapy is administered only as ordered by a physician or as .... The physician's order will specify the rate of flow, route, and rationale. 2. Review the resident's care plan. 3. Assemble the equipment and supplies as needed - 3rd bullet point- Plastic bag for oxygen equipment storage." Under Procedure: "1. Review Physician's order for oxygen therapy. 5. Connect oxygen tubing .... And turn on oxygen to the prescribed flow rate. 7. Store unused devices in plastic bag." On 1/23/25 at 2:10 PM, the survey team met with the facility administration for an Exit Conference. The facility had no additional information to provide.	F 695		
F 847 SS=D	NJAC 8:39-11.2(b); 25.2(c)4; 27.1(a) Entering into Binding Arbitration Agreements CFR(s): 483.70(m)(1)(2)(i)(ii)(3)-(5) §483.70(m) Binding Arbitration Agreements If a facility chooses to ask a resident or his or her representative to enter into an agreement for binding arbitration, the facility must comply with all of the requirements in this section. §483.70(m)(1) The facility must not require any resident or his or her representative to sign an agreement for binding arbitration as a condition of admission to, or as a requirement to continue to receive care at, the facility and must explicitly inform the resident or his or her representative of his or her right not to sign the agreement as a condition of admission to, or as a requirement to continue to receive care at, the facility.	F 847		2/26/25

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 01/23/2025

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 847	Continued From page 77 §483.70(m)(2) The facility must ensure that: (i) The agreement is explained to the resident and his or her representative in a form and manner that he or she understands, including in a language the resident and his or her representative understands; (ii) The resident or his or her representative acknowledges that he or she understands the agreement; §483.70(m)(3) The agreement must explicitly grant the resident or his or her representative the right to rescind the agreement within 30 calendar days of signing it. §483.70(m)(4) The agreement must explicitly state that neither the resident nor his or her representative is required to sign an agreement for binding arbitration as a condition of admission to, or as a requirement to continue to receive care at, the facility. §483.70(m)(5) The agreement may not contain any language that prohibits or discourages the resident or anyone else from communicating with federal, state, or local officials, including but not limited to, federal and state surveyors, other federal or state health department employees, and representative of the Office of the State Long-Term Care Ombudsman, in accordance with §483.10(k). This REQUIREMENT is not met as evidenced by: Based on interview and document review, it was determined that the facility failed to ensure residents had cognitive ability before signing arbitration agreements. This deficient practice was identified for 1 of 3 residents (Resident #61)	F 847	1) The Arbitration Agreements for Resident #61 was rescinded. 2) All residents with cognitive impairment have the potential to be affected by this	

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F 847	Continued From page 78 reviewed for arbitration agreements. This had the potential to result in resident representatives not being able to resolve disputes with the facility in a court of law. The deficient practice was evidenced by the following: On 1/15/25 at 10:18 AM, Surveyor #4 observed Resident #61 in bed. The resident [NJ Ex Order 26.4b1] the surveyor when spoken to. A staff member was entering the room and stated the resident [NJ Ex Order 26.4b1]. On 1/15/25 at 11:12 AM, the [U.S. FOIA (b) (6)] informed Surveyor #1 that the facility utilized arbitration agreements which were part of the admission agreement. The facility provided a list of residents who had signed arbitration agreements. On 01/16/25 at 11:06 AM, during a phone conversation with Surveyor #1, Resident #61's representative explained the resident was [NJ Ex Order 26.] The representative further stated that the staff does not involve them with anything and that they were unaware of an arbitration agreement. The representative included the resident was [NJ Ex Or] papers and stated "[NJ Ex Order 26. 4B1] " A review of the Admission Record (an admission summary) revealed Resident #61 had diagnoses which included but were not limited to; [NJ Ex Order 26. 4B1]. A review of the Voluntary Binding Arbitration Agreement (VBAA) revealed it was signed by Resident #61 on [NJ Ex Order 26. 4B1]. Page 3 of the Agreement revealed a section for the resident's legally authorized	F 847	deficient practice. 3) A facility wide audit was completed on all signed Arbitration Agreements in comparison to Brief Interview for Mental Statis (BIMS) Assessment score and were corrected. The Administrator inserviced the Admission□s Department on the proper procedure for conducting Arbitration Agreements in accordance to their Brief Interview for Mental Statis (BIMS) Assessment score. The Administrator will audit 3 new admissions per month for accurate Arbitration Agreements signature in accordance to Brief Interview for Mental Statis (BIMS) Assessment score. 4) The Administrator will report the results of these audits to the QAPI committee on a quarterly basis. All findings will be reported quarterly during the QAPI meeting for the next 2 quarters by the Administrator. The QAPI committee will evaluate to determine continuing frequency of audits.	

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F 847	Continued From page 79	F 847		

representative or resident but was signed only by the resident and the facility representative. A review of the Minimum Data Set (MDS) an assessment tool dated [redacted], included a Brief Interview for Mental Status (BIMS) of [redacted] out of 15 indicative of *NJ Ex Order 26. 4B1* [redacted].

On 1/23/25 at 9:11 AM, in the presence of two surveyors the *U.S. FOIA (b) (6)* [redacted] stated it was her responsibility to provide the VBAA along with other papers. She stated it would be provided to the resident and/or the family to read over and they can sign or decline. The Ad explained she would go through and read the papers with the resident and/or family and go into detail if they wanted. She further explained that the VBAA was, *NJ Ex Order 26. 4B1* [redacted] When inquired about a resident's cognitive status, the [redacted] responded that the BIMS would always be checked prior to any papers being signed and that the resident would require a BIMS of 13 or higher. She stated that a BIMS of 12 would be when a resident would be "*NJ Ex Order 26. 4B1*". When inquired about Resident #61, the [redacted] revealed she was not working at the facility at that time and that a BIMS [redacted] was NJ Ex Order 26.4b1 for the resident to NJ Ex Order 26.4b1 an agreement.

A review of the facility provided policy, "Arbitration Agreement" revised 1/2024, included but was not limited to; Procedure: ... will be explained to the resident or their representative in a form, manner and language they understand; ... ensure the resident or their representative acknowledges they understand the agreement and have the right to rescind the agreement within 30 calendar days.

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F 847	Continued From page 80 On 1/23/25 at 11:32 AM, the above concern was addressed with the facility administration. The facility had no additional information to provide.	F 847		
F 865 SS=F	NJAC 8:39-4.1(a)8(b) QAPI Prgm/Plan, Disclosure/Good Faith Attmpt CFR(s): 483.75(a)(1)-(4)(b)(1)-(4)(f)(1)-(6)(h)(i) §483.75(a) Quality assurance and performance improvement (QAPI) program. Each LTC facility, including a facility that is part of a multiunit chain, must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life. The facility must: §483.75(a)(1) Maintain documentation and demonstrate evidence of its ongoing QAPI program that meets the requirements of this section. This may include but is not limited to systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events; and documentation demonstrating the development, implementation, and evaluation of corrective actions or performance improvement activities; §483.75(a)(2) Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation; §483.75(a)(3) Present its QAPI plan to a State Survey Agency or Federal surveyor at each annual recertification survey and upon request during any other survey and to CMS upon request; and	F 865		2/26/25

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F 865	Continued From page 81 §483.75(a)(4) Present documentation and evidence of its ongoing QAPI program's implementation and the facility's compliance with requirements to a State Survey Agency, Federal surveyor or CMS upon request. §483.75(b) Program design and scope. A facility must design its QAPI program to be ongoing, comprehensive, and to address the full range of care and services provided by the facility. It must: §483.75(b)(1) Address all systems of care and management practices; §483.75(b)(2) Include clinical care, quality of life, and resident choice; §483.75(b)(3) Utilize the best available evidence to define and measure indicators of quality and facility goals that reflect processes of care and facility operations that have been shown to be predictive of desired outcomes for residents of a SNF or NF. §483.75(b) (4) Reflect the complexities, unique care, and services that the facility provides. §483.75(f) Governance and leadership. The governing body and/or executive leadership (or organized group or individual who assumes full legal authority and responsibility for operation of the facility) is responsible and accountable for ensuring that: §483.75(f)(1) An ongoing QAPI program is defined, implemented, and maintained and	F 865		

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F 865	Continued From page 82 addresses identified priorities. §483.75(f)(2) The QAPI program is sustained during transitions in leadership and staffing; §483.75(f)(3) The QAPI program is adequately resourced, including ensuring staff time, equipment, and technical training as needed; §483.75(f)(4) The QAPI program identifies and prioritizes problems and opportunities that reflect organizational process, functions, and services provided to residents based on performance indicator data, and resident and staff input, and other information. §483.75(f)(5) Corrective actions address gaps in systems, and are evaluated for effectiveness; and §483.75(f)(6) Clear expectations are set around safety, quality, rights, choice, and respect. §483.75(h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section. §483.75(i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on interview and review of pertinent documents it was determined that the facility failed to maintain an effective comprehensive data driven Quality Assurance and Performance Improvement program by failing to review all	F 865	1) The QAPI committee met to review and revise the QAPI for Smoking, Substance Abuse and Abuse, including investigating injuries of unknown origin and root cause analysis.	

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F 865	Continued From page 83 services provided including to ensure significant events were reviewed to determine root cause to prevent further occurrences. This deficient practice occurred for residents with a history of NJ Ex Order 26. 4B1 in their room, holding NJ Ex Order 26. 4B1 in their room (Resident #143 and Resident #34), and for a resident (Resident # 264) who was NJ Ex Order 26.4b1 for all care, and NJ Ex Order 26.4b1 that required hospitalization on NJ Ex Order 26. 4B1. This deficient practice had the potential to affect all residents who resided in the facility and was evidenced by the following: Refer to 689L, 610G a. During the survey, a finding which constituted an Immediate Jeopardy (IJ) was identified under 42 CFR Part 483.25(d)(2) F 689 as the facility failed to follow their NJ Ex Order 26. 4B1 policy to ensure effective interventions were implemented and monitored for a resident with a history of NJ Ex Order 26. 4B1 in their room. The facility documented Resident #143 was found NJ Ex Order 26. 4B1 in their room on NJ Ex Order 26.4b1. Observations on NJ Ex Order 26. 4B1, confirmed that the Resident #143 held their NJ Ex Order 26. in their room. The IJ began on NJ Ex Order 26.4b1 when Resident #143 was found by a U.S. FOIA (b) (6) to be NJ Ex Order 26. 4B1 in their room. From NJ Ex Order 26. 4B1 the surveyor observed NJ Ex Order 26. 4B1 inside of the resident's room and within arm's reach of Resident #143. Resident #143 had NJ Ex Order 26. 4B1 into their room. The facility was notified of the IJ on 1/17/25 at 2:26 PM. The facility provided an acceptable Removal Plan (RP) which was verified on-site by the survey team on 1/21/25. On 1/15/25 at 9:39 AM, during the initial tour,	F 865	2) All residents have the potential to be affected by this deficient practice. 3) The QAPI policy was revised. The Regional Quality Assurance RN inserviced the QAPI committee on the QAPI policy, committee requirements and record keeping. Inservice included the requirement that the QAPI committee review significant events to determine root cause to prevent further occurrences and notification of Medical Director of Significant Events. The QAPI Committee created a new form for meeting minutes reflecting any significant events and current performance improvement projects. 4) The Regional Quality Assurance RN will review the QAPI committee minutes and the current QAPI projects on a quarterly basis to ensure significant events are reviewed and that the QAPI projects contain root cause analysis to prevent further occurrences. All findings will be reported quarterly during the QAPI meeting for the next 2 quarters by the Regional Quality Assurance RN. The QAPI committee will evaluate to determine continuing frequency of audits.	

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F 865	Continued From page 84 Surveyor #1 observed a sign posted on the wall outside of Resident #143's room, '[redacted]". Upon entrance to Resident #143's room, Surveyor #1 observed the resident was in bed watching television. At that time, Surveyor #1 observed a [redacted] on the table next to the resident and asked the resident what they were. The resident took a [redacted] out of the case and stated '[redacted]" while holding it and showing it to the surveyor. On 1/16/25 at 11:44 AM, Surveyor #1 observed resident #143 sitting in a wheelchair in their room, with two [redacted] adjacent to the resident's meal tray and within the resident's reach. On 01/17/25 at 8:20 AM, Surveyor #1 observed Resident #143 again sitting in a wheelchair in their room, and two [redacted] were on the tray table within reach of the resident, and a [redacted] was on top of the nightstand. The resident stated, '[redacted]." Surveyor #1 asked Resident #143 if they had a [redacted] and the resident then gestured with both hands waving towards the nightstand, and stated, '[redacted]." Surveyor #1 asked the resident if they could show their [redacted] to the surveyor, and Resident #143 then began rummaging through their nightstand and stated, '[redacted]." On 1/17/25 at 8:45 AM, during an interview with Surveyor #1, the [redacted] stated the residents [redacted] in the designated area as per the [redacted] schedule. The [redacted] stated all residents were assessed for [redacted] upon admission and staff would then let Security know if the resident was a [redacted]. The [redacted] stated the residents were not allowed to [redacted] in their rooms and if they were caught [redacted] in their	F 865		

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F 865	Continued From page 85	F 865		

rooms, their NJ Ex Order 26. 4B1 would be removed from their room and stored either with Security, or inside the medication cart. The U.S. FOI stated Resident #143 had NJ Ex Order 26. 4B1 in their room before, and all the NJ Ex Order 26. 4B1 were taken away from the resident. The U.S. FOI further stated NJ Ex Order 26. 4B1 was not allowed in the rooms due to residents using NJ Ex Order 26.4 and due to the risk of fire.

On 01/17/25 at 9:16 AM, Surveyor #1 accompanied the U.S. FOI to Resident #143's room and the U.S. FOI observed two NJ Ex Order 26. 4B1 inside the resident's nightstand drawer. The U.S. FOI stated Resident #143 was not allowed to have NJ Ex Order 26. 4B1 in their room and immediately removed the NJ Ex Order 26. 4B1 from the resident's room.

b. On 01/17/25 at 8:46 AM, Surveyor #2 reviewed the closed electronic medical record (EMR) for Resident #34.

Review of the Admission Record revealed Resident #34 had diagnoses including, but not limited to; NJ Ex Order 26. 4B1 .

Review of a Progress Notes (PN) - Type: IDT Note, Effective Date: 07/14/24 10:50 AM, Created Date: NJ Ex Order 26. 4B1, Department: Nursing: Created by Unit Manager: On July 14, 2024, the U.S. FOIA (b) (6) called the U.S. FOIA (b) (6) for the patient in room 610B, and upon the NJ Ex Order 26. 4B1 arrival, the NJ Ex Order 26. 4B1 found the patient on the bed with NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 . The room was fully searched, and NJ Ex Order 26.4b1 equipment was found on the patients' bed. The supervisor immediately confiscated the equipment. Education was given to the resident

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F 865	Continued From page 86 about the risks of [NJ Ex Order 26.4b1], and that these actions violate the policies of the hospital [U.S. FOIA (b) (6)] was made aware, and ordered the resident to be transferred to the hospital for evaluation, and ordered a [NJ Ex Order 26. 4B1] ... Review of the Lab Results Report, Collection Date [NJ Ex Order 26. 4B1], revealed Resident #34 tested [NJ Ex Order 26. 4B1] . Review of a PN - Type: IDT [Interdisciplinary] Note, Late Entry, Effective Date: [NJ Ex Order 26.4b1], 1:26 PM, Created by Date: [NJ Ex Order 26. 4B1] at 1:27 PM, by the [U.S. FOIA (b) (6)] , [NJ Ex Order 26.4b1] at 1:20 PM, resident noted with [NJ Ex Order 26. 4B1] ...Declined transfer to ER for evaluation ..Resident educated on risk verse benefit of using [NJ Ex Order 26. 4B1] obtained per physician order ... Review of the Lab Results Report, Collection Date [NJ Ex Order 26. 4B1], revealed Resident #34 tested [NJ Ex Order 26. 4B1] . Review of an IDT Note: Dated [NJ Ex Order 26.4b1] at 10:12 AM, Note Text: [NJ Ex Order 26. 4B1] results received. Resident [NJ Ex Order 26. 4B1] . Resident [NJ Ex Order 26. 4B1] which is prescribed. [U.S. FOIA (b)] and physician notified. Review of a PN - Type: IDT Note, Late Entry, Effective Date: [NJ Ex Order 26.4b1] at 11:56 AM, At 10:39, resident noted in wheelchair in room [NJ Ex Order 26. 4B1] . ... [NJ Ex Order 26. 4B1] ordered for resident to be sent to ER (Emergency Room).	F 865		

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F 865	Continued From page 87 911 Called. ... STAT (immediate) NJ Ex Order 26. 4B1 ordered per physician and resident refused. Resident Noted with NJ Ex Order 26. 4B1 in possession which were confiscated. U.S. FOI made aware of resident's refusal to go to ER ... On 01/23/25 at 8:53 AM, Surveyor #2 interviewed the U.S. FOIA (b) (6) and asked if he was made aware of Resident #34 who was found in the facility in his/her room, NJ Ex Order 26.4b1, and found with NJ Ex Order 26. 4B1 were found in the resident's system. The U.S. FOI he was not aware, stated 'NJ Ex Order 26. 4B1 ." Surveyor #2 asked what should have been done after that should have been done. The U.S. FOI stated, 'NJ Ex Order 26. 4B1 " c. On 1/16/25 at 10:30 AM, the surveyor reviewed the investigation and the Reportable Event Record completed by the facility. There was no causal factor identified for NJ Ex Order 26.4b1. CNA #1 who cared for the resident provided two statements. NJ Ex Order 26.4b1 CNA #1 documented that on NJ Ex Order 26.4b1 that she 'NJ Ex Order 26. 4B1 ". Signed CNA 3:00 PM-11:00 PM shift. [Before the NJ Ex Order 26. 4B1 transfer] - NJ Ex Order 26.4b1 CNA #1 documented that on NJ Ex Order 26.4b1 in the evening I put resident back in bed with NJ Ex Order 26. 4B1. Resident was sitting in recliner chair and we assisted back to bed lying on NJ Ex O side. 'NJ Ex Order 26. 4B1	F 865		

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F 865	Continued From page 88	F 865		

NJ Ex Order 26. 4B1 [redacted]." [After the *NJ Ex Order 26. 4B1* transfer]

The surveyor reviewed the statement provided by CNA #2 who also worked on the unit with CNA #1. CNA #2 documented that on *NJ Ex Order 26. 4B1* in the evening I assisted my co-worker to place resident back in bed with *NJ Ex Order 26. 4B1*. Resident was sitting in recliner chair and we assisted back to bed lying on left side. Once back in bed I noticed resident had *NJ Ex Order 26. 4B1*. *U.S. FOIA (b) (6)* [redacted] reported the *NJ Ex Order 26. 4B1* to the *U.S. FOIA (b) (6)*.

The *U.S. FOIA (b) (6)* statement dated *NJ Ex Order 26. 4B1* at 9:15 PM, documented that at 3:00 PM, worked the 3:00 PM to 11:00 PM shift on the 2nd floor *NJ Ex Order 26. 4B1* unit and assigned to the Resident in Room 214. At 3:00 PM '*NJ Ex Order 26. 4B1* [redacted] *U.S. FOIA (b) (6)*. At approximately 8:30 PM Resident's family came to the unit to provide care for her parent. At 9:15 PM, Resident #264 and informed her that the resident was noted with a *NJ Ex Order 26. 4B1* [redacted].

On 1/17/25 at 8:15 AM, the surveyor interviewed a random *U.S. FOIA (b) (6)* [redacted] regarding the protocol to transfer residents with the *NJ Ex Order 26. 4B1*. The *U.S. FOIA (b) (6)* [redacted] stated that *NJ Ex Order 26.4b1* [redacted] members had to be in the room for the transfer.

On 1/17/25 at 8:52 AM, the surveyor interviewed the *U.S. FOIA (b) (6)* and he confirmed two staff had to be in the room to transfer a *NJ Ex Order 26. 4B1* resident from the bed to the recliner chair. When inquired regarding

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 01/23/2025

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 865	Continued From page 89	F 865		

Resident #264, he confirmed that on [redacted] he had assisted CNA #3 with the transfer from the bed to the recliner chair in the morning, and there was [redacted] observed. The [redacted] informed the surveyor that on [redacted] at 4:53 PM, he observed Resident #264 in bed and did not assist with the transfer back to bed, nor was he made aware of [redacted].

On 01/17/25 at 11:59 AM, the surveyor reviewed the facility provided incident report and the statements attached with the [redacted]. The [redacted] stated that she was aware of the discrepancies in CNA #1's statements and could not provide any rationale for not clarifying the discrepancies prior to submit the investigation to the Department of Health (DOH). The [redacted] stated there was a misunderstanding and miscommunication about the investigation. The [redacted] stated she had understood Resident #264 [redacted] the transfer and stated that Resident #264 "[redacted]"

On 01/17/25 at 12:05 PM, the surveyor conducted a second interview with the [redacted]. The [redacted] on duty that day revealed that one nurse and one [redacted] were to transfer any resident out of the bed and back to bed if the resident was on a [redacted]. The [redacted] stated that some CNAs worked as floaters to the unit and they were not trained to transfer residents with the [redacted] attached. For safety reasons, a nurse had to be in the room to assist or if the nurse could not assist, she would delegate the task to the [redacted] who would supervise the transfer. When asked if there was a policy for transferring a resident with a

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 01/23/2025

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 865		F 865		

Continued From page 90

NJ Ex Order 26. 4B1, he stated, '*NJ Ex Order 26. 4B1* ".

Based on the documents provided, the U.S. FOI nor the *U.S. FOIA (b) (6)* assisted CNA #1 with the transfer.

On 01/21/25 at 11:47 AM, the surveyor interviewed the *U.S. FOIA (b) (6)* regarding the NJ Ex Order 26.4b1 by Resident #264 during the transfer. The U.S. FOI stated that he was told by the U.S. FOIA (b) NJ Ex Order 26.4b1 was caused by NJ Ex Order 26.4b1 from the *NJ Ex Order 26. 4B1* and was not provided with any additional information.

On 1/21/25 at 1:45 PM, the surveyor interviewed the U.S. FOI who ordered that Resident #264 be transferred to the hospital for a NJ Ex Order 26. 4B1 . The U.S. FOI stated that since the NJ Ex Order 26. was significant and since no one knew the source of NJ Ex Order 26.4b1 she ordered the NJ Ex Order 26. 4B1 to ensure there were NJ Ex

On 1/22/25 at 12:00 PM, the surveyor conducted a telephone interview with CNA #2. CNA #2 stated that CNA #1 was waiting in the resident's room. When she entered the room, Resident #264 '*NJ Ex Order 26. 4B1* " and being transferred. Once the resident was in bed, she observed the NJ Ex Order 26. and advised CNA #1 to report the NJ Ex Order 26. to the U.S. FOIA (b) . CNA #2 stated that she did not assist CNA#1 with care, and she left the room to attend to her assignment.

In the summary provided to DOH, the U.S. FOIA (b) indicated the following: '*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 01/23/2025

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 865		F 865		

Continued From page 91

NJ Ex Order 26. 4B1 [redacted]. The Interdisciplinary Team concludes that resident during transfer may have coughed or had involuntary movement and may have leaned into [Resident #264] NJ Ex Order 26. 4B1 cross-bar". Interviews with staff familiar with the resident routine revealed that the resident was NJ Ex Order 26.4b1 [redacted]

Actions ...

4. Transfer to Hospital for Evaluation.
5. NJ Ex Order 26.4b1 Competencies with CNAs.
6. Maintain NJ Ex Order 26.4b1 [redacted] transfer and care.
CNA #1 had Resident #264 on the NJ Ex Order 26. 4B1 [redacted] alone in the room. CNA #2 was not in the room when CNA #1 initiated the transfer and placed Resident #264 on the NJ Ex Order 26. 4B1 [redacted]
Utilize soft padding on the NJ Ex Order 26. 4B1 [redacted] crossbar during resident transfers.

On 1/22/24 at 10:15 AM, two surveyors conducted an in-person interview with CNA#1. CNA #1 stated that she recalled the incident. She stated that the evening shift was very chaotic. She confirmed that she observed NJ Ex Order 26.4b1 [redacted] after transferring Resident #264 in bed. She stated that Resident #264 always scratched their [redacted], the [redacted] could be self-inflicted. When asked if she remained in the room with the resident and waited for the nurse to come and assess the [redacted], CNA #1 stated she had too much to do that day, she moved on and attended to other residents. The surveyor then inquired regarding the 2nd statement, CNA #1 read the statement and stated, 'NJ Ex Order 26. 4B1 [redacted]

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 01/23/2025

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

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F 865	Continued From page 92 NJ Ex Order 26. 4B1 [redacted]" On 1/22/24 at 12:00 PM, the surveyor conducted a telephone interview with CNA #2 whom CNA #1 claimed assisted with the transfer. CNA #2 stated that when she entered the room, "[Resident #264] was in the room and on the NJ Ex Order 26. 4B1 alone with CNA#1." She observed the [redacted] and advised CNA #1 to report NJ Ex Order 26.4b1 to the nurse. When asked if she assisted CNA #1 with care, she stated, 'NJ Ex Order 26. 4B1 [redacted]". On 1/22/25 at 1:15 PM, the surveyor interviewed CNA #3 assigned to the 7:00 AM- 3:00 PM shift regarding Resident #264's care. CNA #3 stated that she cared for Resident #264 daily, Resident #264 was NJ Ex Order 26. 4B1 [redacted], and required NJ Ex Order 26.4b1 with transfer. CNA #3 further stated that on NJ Ex Order 26. 4B1 she transferred Resident #264 to the recliner chair with the U.S. FOIA (b) (6) [redacted]. During the day and she periodically checked Resident #264 and NJ Ex Order 26.4b1 was noted to the [redacted]. On 1/23/25 at 10:56 AM, the surveyor reviewed the investigation with the U.S. FOIA (b) (6) [redacted] in the presence of the survey team. The [redacted] stated that in reviewing the [redacted] statement and the investigation, he could see there was some discrepancies. The [redacted] added the investigation was not concise and thorough, and that his expectation was that the facility would thoroughly investigate NJ Ex Order 26.4b1 [redacted] On 01/17/25 at 2:51 PM, the facility provided the surveyor with 2 QAPIs:	F 865		

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 01/23/2025

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 865	Continued From page 93 1. Dated [NJ Ex Order 26.4b1], Date Completed: ... to be continued on a monthly basis until 4 quarters of 100 % is achieved; Contact: *U.S. FOIA (b) (6)* [redacted]; Problem Statement: "*NJ Ex Order 26. 4B1* [redacted]"; Goal: to ensure that all residents and staff are aware of the facility [NJ Ex Order 26. 4B1] policy and all residents who [NJ Ex Order 26. 4] may do so safely"; Root Causes: 1. Resident non-compliance, 2. Residents were identified needing frequent, 3. Resident responsible party education on the facility [NJ Ex Order 26. 4B1] policy; Under Tasks: Eight tasks listed with a Start Date [NJ Ex Order 26. 4B1] for 1-4 and for 5-8 the Start Date was left blank. The Comments (status, outcomes, evaluations, etc.) was left blank for all eight tasks. 2. An undated QAPI with a Problem Statement: Substance abuse creates safety risks, disrupts care, and violates facility policy: Contact: *U.S. FOIA (b) (6)* [redacted]; Goal: Implement a program to identify and manage substance abuse, and to reduce incidents. Four Tasks, with a Start Date: *NJ Ex Order 26. 4B1* [redacted], with an Estimated Completion Date: Ongoing; Comments (status, outcomes, evaluation, etc.) was left blank. On 01/23/25 at 8:53 AM, the Surveyor #2 interviewed the *U.S. FOIA (b) (6)* [redacted] and asked if he was made aware of Resident #34 who was found in the facility in his/her room, [NJ Ex O] [redacted] and found with *NJ Ex Order 26. 4B1* [redacted] were found in the resident's system. The [U.S. FOIA] he was not aware, stated "*NJ Ex Order 26. 4B1* [redacted]." Surveyor #2 asked what should have been done after the that occurred. The [U.S. FOIA] stated, *NJ Ex Order 26. 4B1* [redacted] The surveyor asked about	F 865		

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 01/23/2025

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

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F 865	Continued From page 94	F 865		

the [redacted] role in QAPI. The [redacted] stated he attended the quarterly QAPI meeting. The surveyor asked if there was any specific QAPI he was involved with and he stated, "[redacted]". The surveyor asked the [redacted] if he had been made aware of the IJ related to the [redacted] found during multiple observations, and the surveyor asked if that was a concern. The [redacted] stated, "*NJ Ex Order 26. 4B1* [redacted]." The surveyor asked if the [redacted] had been aware that the resident was found *NJ Ex Order 26. 4B1* and the [redacted] replied, "[redacted]." The [redacted] stated he was surprised that he had not been made aware, especially with the *NJ Ex Order 26. 4B1* he should have been made aware.

On 01/23/25 at 10:16 AM, in the presence survey team, the surveyor interviewed the [redacted] about the QAPI program. The surveyor asked who oversaw the QAPI program and he confirmed he was the QAPI coordinator. The surveyor asked the [redacted] to list of the current active QAPIs. The [redacted] stated the facility had the following active QAPIs: falls, substance abuse, and [redacted]. The surveyor reviewed the previously provided QAPIs with the [redacted] and asked if the QAPI for [redacted] was related to the incident on [redacted] when the resident was found *NJ Ex Order 26. 4B1* [redacted]. The [redacted] stated, "*NJ Ex Order 26. 4B1* [redacted]." The surveyor asked about the QAPI titled Substance Abuse. The surveyor asked the [redacted] what the specifics were related to the goal "*NJ Ex Order 26. 4B1* [redacted]" and was there any supporting documentation. The [redacted] stated the goal was to identify the origin of the issue, to collectively establish and intervention to prevent it. The [redacted] stated, he did not have more than

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 01/23/2025

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 865	Continued From page 95 the document that was already provided. The surveyor asked the [redacted] if significant events and incidents/ reportable events were reviewed at QAPI. The [redacted] stated we review finding but '[redacted]". The surveyor asked if the incident with Resident #264 NJ Ex Order 26.4b1 was reviewed at QAPI and the [redacted] stated that was not brought to QAPI, we reviewed the '*NJ Ex Order 26. 4B1*". The surveyor asked if that incident was considered a significant event, and the [redacted] stated, '[redacted]". The Quality Assurance and Performance Improvement Plan policy (undated) revealed: Design and Scope: The purpose of QAPI in the organization is to take a proactive approach to continually improve the way we care for and engage our residents ... Feedback, Data Systems and Monitoring: Performance Indictors for all QAPI Designated goals are evaluated. These indicators can be process and/ or outcome measures. All data will utilize internal and external benchmarking ... On a quarterly basis, data will be collected and reported to the QAPI Committee from the following areas: Input from caregivers, residents, families and others, Adverse Events, Performance Indicators .... The Administrator's Job Description, signed by the *U.S. FOIA (b) (6)* [redacted] on *NJ Ex Order 26. 4B1* revealed: The Administrator is responsible for planning and is accountable for all activities and departments of Facility subject to rules and regulations promulgated by government agencies to ensure proper health care services to residents. The Administrator administers, directs, and coordinates all activities of the facility to assure that the highest degree of quality of care is consistently provided to the residents. 9.	F 865		

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 01/23/2025

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 865	Continued From page 96 Concerns his/herself with the safety of all nursing facility residents in order to minimize the potential for fire and accidents. Also, ensures that the facility adheres to the legal, safety, health, fire and sanitation codes by being familiar with his/her role in carrying out the facility's fire, safety and disaster plans and by being familiar with current MSDS (material safety data sheets).	F 865		
F 880 SS=D	NJAC 8:39- 33.1 (c)(e); 33.2(a) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include,	F 880		2/26/25

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 01/23/2025

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 880	Continued From page 97 but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.	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 _____	C 01/23/2025

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

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F 880	Continued From page 98 This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record reviews, and review of pertinent documentation, it was determined that the facility failed to prevent the spread of potential infection by failing to don (put on) Personal Protective Equipment (PPE) prior to entering the room of residents on contact precautions. This deficient practice was identified for 2 of 2 residents (Resident #144 and Resident #147) reviewed for NJ Ex Order 26. 4B1 [redacted] The deficient practice was evidenced by the following: 1. On 01/15/25 at 8:57 AM, the surveyor observed Resident #144's room with signage outside the door alerting all to stop, NJ Ex Order 26.4b1 [redacted] everyone must: ... put on gown before room entry, put on gloves before room entry ... There was a three-drawer plastic bin outside of the door with PPE gowns and gloves. At that time, the U.S. FOIA (b) (6) [redacted] walked past the U.S. FOIA (b) (6) [redacted] who was outside the door and into Resident #144's room. The U.S. FOIA (b) (6) did not don a PPE gown or gloves. The U.S. FOIA (b) (6) placed an item in the resident's drawer. On 01/15/25 at 8:58 AM, the U.S. FOIA (b) (6) exited the room and stated to the surveyor, "NJ Ex Order 26. 4B1 [redacted]" The surveyor asked what the expectation would be when entering a NJ Ex Order 26.4b1 room. The U.S. FOIA (b) (6) replied, "NJ Ex Order 26. 4B1 [redacted]." On 01/15/25 at 12:11 PM, the surveyor reviewed the Admission Record R) which revealed	F 880	1) The U.S. FOIA (b) (6) [redacted] were immediately inserviced by Infection Preventionist on the use of Personal Protective Equipment to enter the room of a resident on contact precautions. 2) All residents have the potential to be affected. 3) The Infection Preventionist inserviced all staff on appropriate PPE to be worn when entering room of resident on contact precautions and to doff prior to exit. The Infection Preventionist will observe 5 staff members per week for proper use of PPE when entering a room of a resident on precautions. 4) The Infection Preventionist will report the results of these audits to the Director of Nursing on a monthly basis. All findings will be reported quarterly during the QAPI meeting for the next 2 quarters by the Infection Preventionist. 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 01/23/2025

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

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F 880	Continued From page 99 Resident #144 had diagnoses which included but were not limited to; NJ Ex Order 26. 4B1 [redacted]. A review of the Order Summary Report (ORS) as of 01/14/25, included an order dated NJ Ex Order 26.4b1 every shift for NJ Ex Order 26. 4B1 [redacted]. A review of the most recent admission Minimum Data Set (MDS) an assessment tool dated [redacted], included a Brief Interview for Mental Status (BIMS) of [redacted] out of 15 which indicated a NJ Ex Order 26. 4B1 [redacted]. A review of the individual comprehensive care plan (ICCP) documented a focus area date initiated [redacted], on Contact Precautions related to [redacted] and interventions included to wear PPE gown and gloves when entering the room. 2. On 1/16/25 at 8:06 AM, the surveyor observed Resident #147'2 room with signage outside the door alerting all to stop, NJ Ex Order 26.4b1 everyone must: ... put on gown before room entry, put on gloves before room entry ... There was a three-drawer plastic bin outside the door with PPE gowns and gloves. The surveyor observed the U.S. FOIA (b) (6) [redacted] inside the room and was handling the NJ Ex Order 26. 4B1 which was hanging up and connected to Resident #147. The [redacted] was not wearing a PPE gown or gloves. Upon exiting the room, the [redacted] was asked about the signage and the resident being on NJ Ex Order 26.4b1. The [redacted] stated she should have followed the NJ Ex Order 26.4b1 sign and wore PPE to prevent spreading infection. On 1/16/25 at 9:42 AM, the surveyor reviewed the AR which revealed Resident #147 had diagnoses which included but were not limited to; [redacted],	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 _____	C 01/23/2025

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 880	Continued From page 100 NJ Ex Order 26. 4B1 [redacted]. A review of the ORS dated NJ Ex Order 26.4b, included the following physician's orders (PO) dated NJ Ex Order 26.4b1 every shift for NJ Ex Order 26. 4B1 [redacted]. A review of the most recent quarterly MDS dated NJ Ex Order 26.4b, included documentation that a BIMS was not conducted as the resident was NJ Ex O [redacted] A review of the ICCP documented a focus area date initiated NJ Ex Order 26. 4B1, on NJ Ex Order 26.4b1 [redacted] due to NJ Ex Order 26. 4B1 [redacted] and an intervention for NJ Ex Order 26.4b1 to wear PPE gowns and gloves when entering the resident room. A review of the facility provided education revealed the following: The U.S. FOI [redacted] was trained in Infection Control PPE and competency. The training was signed by the U.S. FOI [redacted] and dated NJ Ex Order 26. 4B1. The U.S. FOIA (b) (6) was trained on the proper use of PPE which was signed and dated NJ Ex Order 26; wearing the appropriate PPE in resident rooms which was signed and dated NJ Ex Order 26.4b1; Proper use of PPE which was signed and dated NJ Ex Order 26.4b; and preventing spread of infection with NJ Ex Order and the use of PPE which was signed and dated NJ Ex Order 26.4b. A review of the facility provided policy, "Infection Control-Standard Precautions, Enhanced Barrier Precautions and Transmission Based Precautions" revised 3/22/24, included but was not limited to; the policy to ensure appropriate infection prevention and control measures area taken to prevent the spread of ... infections.	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 _____	C 01/23/2025

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 880	Continued From page 101 Contact Precautions shall apply to all residents infected or colonized with an infectious agent ... Contact Precautions require the use of gown and gloves every entry into a resident's room ... On 01/21/25 at 9:16 AM, the U.S. FOIA (b) (6) [redacted] were interviewed by the surveyor. The U.S. FOIA (b) (6) both acknowledged that they were made aware of the two above breaches in infection control. The [redacted] confirmed that the facility currently had an NJ Ex Order 26. 4B1 [redacted]. On 1/23/25 at 11:32 AM, the facility administration was made aware of the above concerns regarding infection control. NJAC 8:39-19.4(a)	F 880		

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 01/23/2025

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 #s NJ: 167555, 168201, 168643, 173977, 177957, 178282, 178308, 179357, 180392, 180408 Survey Date: 1/15/25 through 1/23/25 Census: 156 Sample: 32 + 4 Closed Records The facility is in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities.	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed | TITLE | (X6) DATE: 02/17/25

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 _____	R-C 03/18/2025

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 An onsite survey was conducted on 3/18/2025 to confirm the facility's Plan of Correction regarding the 1/23/25 Recertification survey. The facility was found to be in compliance with 42 CFR Part 483 Requirements for Long Term Care Facilities.	{F 000}		

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

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.

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	3/18/2025 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 F0558	Correction	ID Prefix F0580	Correction	ID Prefix F0610	Correction
Reg. # 483.10(e)(3)	Completed	Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. # 483.12(c)(2)-(4)	Completed
LSC	02/26/2025	LSC	02/26/2025	LSC	02/26/2025
ID Prefix F0677	Correction	ID Prefix F0689	Correction	ID Prefix	Correction
Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(d)(1)(2)	Completed	Reg. #	Completed
LSC	02/26/2025	LSC	02/26/2025	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	

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	
1/23/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

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	3/18/2025 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 F0550	Correction	ID Prefix F0558	Correction	ID Prefix F0569	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(e)(3)	Completed	Reg. # 483.10(f)(10)(iv)(v)	Completed
LSC	02/26/2025	LSC	02/26/2025	LSC	02/26/2025
ID Prefix F0570	Correction	ID Prefix F0580	Correction	ID Prefix F0584	Correction
Reg. # 483.10(f)(10)(vi)	Completed	Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. # 483.10(i)(1)-(7)	Completed
LSC	02/26/2025	LSC	02/26/2025	LSC	02/26/2025
ID Prefix F0610	Correction	ID Prefix F0641	Correction	ID Prefix F0658	Correction
Reg. # 483.12(c)(2)-(4)	Completed	Reg. # 483.20(g)	Completed	Reg. # 483.21(b)(3)(i)	Completed
LSC	02/26/2025	LSC	02/26/2025	LSC	02/26/2025
ID Prefix F0677	Correction	ID Prefix F0687	Correction	ID Prefix F0689	Correction
Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(b)(2)(i)(ii)	Completed	Reg. # 483.25(d)(1)(2)	Completed
LSC	02/26/2025	LSC	02/26/2025	LSC	02/26/2025
ID Prefix F0695	Correction	ID Prefix F0847	Correction	ID Prefix F0865	Correction
Reg. # 483.25(i)	Completed	Reg. # 483.70(m)(1)(2)(i)(ii)(3)-(5)	Completed	Reg. # 483.75(a)(1)-(4)(b)(1)-(4)(f)(1)-(6)(h)(i)	Completed
LSC	02/26/2025	LSC	02/26/2025	LSC	02/26/2025

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

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	3/18/2025 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 F0880 Reg. # 483.80(a)(1)(2)(4)(e)(f) LSC	Correction Completed 02/26/2025				

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?
1/23/2025	☐ YES ☐ NO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315352	A. BUILDING **01** B. WING _____	**01/23/2025**

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
E 000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 01/17/25. The facility was found to be in compliance with 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 01/17/25 was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy. Alaris Health of St. Mary's is a six-story building with a basement that was built in 1966. It is composed of Type II protected construction. The facility is divided into 10 - smoke zones. The generator powers 100% of the building per the Maintenance Director. The current occupied beds are 156 of 188.	K 000		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are	K 353		2/26/25

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

Electronically Signed | 02/17/2025

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 **01** B. WING _____	**01/23/2025**

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
K 353	Continued From page 1 maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure escutcheons for concealed sprinkler heads were not painted in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection (2011 Edition) table 5.2.1.1.4. This deficient practice had the potential to affect all 156 residents at the facility. Findings include: An observation on 01/17/25 at 12:28 PM revealed one out of four sprinkler escutcheons in the kitchen was painted but not painted by the manufacturer. During an interview at the time of observation, the *U.S. FOIA (b) (6)* confirmed the sprinkler escutcheon was painted. NJAC 8:39-31.1(c), 31.2(e) NFPA 25	K 353	1) The sprinkler escutcheon for concealed sprinkler heads were immediately removed and replaced from the kitchen. 2) All residents have the potential to be affected by this practice. 3) The Maintenance Department was inserviced by the Regional Maintenance Director that sprinkler escutcheon for concealed sprinkler heads cannot be painted or marked. The Maintenance Director or designee, will make monthly rounds to ensure all Kitchen sprinkler escutcheon for concealed sprinkler heads are not altered them for the next 6 months. 4) The Maintenance Director will report the results of these audits to the Administrator on a monthly basis.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315352	A. BUILDING **01** B. WING _____	**01/23/2025**

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
K 353	Continued From page 2	K 353	The Maintenance Director will review the findings of the monthly audits at the Quarterly QAPI Meeting for the next 2 quarters. Evaluation by the committee to determine the continuing frequency of audits.	

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 01 - MAIN BUILDING 01 B. Wing Y2	3/18/2025 Y3

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

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ITEM Y4		DATE Y5	ITEM Y4		DATE Y5	ITEM Y4		DATE Y5
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. #	NFPA 101	Completed	Reg. #		Completed	Reg. #		Completed
LSC	K0353	02/26/2025	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	
1/23/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO