

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>90C000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/16/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARISTACARE AT DELAIRE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 WEST STIMPSON AVENUE LINDEN, NJ 07036</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00171160</p> <p>CENSUS: 20</p> <p>SAMPLE SIZE: 4</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A 935	<p>8:36-11.4(b) Pharmaceutical Services</p> <p>(b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations.</p>	A 935		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

New Jersey Department of Health

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A 935	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00171160</p> <p>Based on interviews, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure medication was administered according to the Physician's orders and the facility policy for 1 of 4 residents, Resident #3. This deficient practice was evidenced by the following:</p> <p>On 2/16/24 the surveyor reviewed the medical record (MR) of Resident #3 which revealed the resident was admitted to the facility on [redacted] with diagnoses of <b>NJ ex order 26.4b1</b>. In addition, the surveyor reviewed Resident #3's Electronic Medication Administration Record (eMAR), which revealed on [redacted], Resident #3 <b>NJ ex order 26.4b1</b> his/her 9:00 a.m. [redacted] <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b>. The surveyor reviewed the progress note dated [redacted], and did not observe any documentation that addressed Resident #3's <b>NJ ex order 26.4b1</b>.</p> <p>At 9:54 a.m., the surveyor interviewed Resident #3, in the presence of Resident #4, the resident's spouse, regarding the above <b>NJ ex order 26.4b1</b>. Resident #4 stated Resident #3 <b>NJ ex order 26.4b1</b>, and the CMA informed Resident #3 that the facility did not have the [redacted].</p> <p>At 2:59 p.m., the surveyor in the presence of the Director of Nursing (DON) interviewed the CMA via telephone, to inquire why she did not administer Resident #3's 9:00 a.m. <b>NJ ex order 26.4b1</b> on [redacted]. The CMA stated Resident #3 [redacted].</p>	A 935		

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A 935	<p>Continued From page 2</p> <p><b>NJ ex order 26.4b1</b>. The surveyor inquired from the CMA if she notified the physician that Resident #3's <b>NJ ex order 26.4b1</b>. <b>NJ ex order 26.4b1</b> The CMA confirmed she did not notify the physician, however, added that she informed the DON. At that time, the surveyor then interviewed the DON to inquire if the CMA informed her that Resident #3 <b>NJ ex order 26.4b1</b> his/her 9:00 a.m. dose of <b>NJ ex order 26.4b1</b>, and the DON stated the CMA did not inform her.</p> <p>The surveyor requested a pharmacy slip to show that the CMA requested and received <b>NJ ex order 26.4b1</b>. <b>NJ ex order 26.4b1</b>, as the eMAR for <b>NJ ex order 26.4b1</b> indicated Resident #3 <b>NJ ex order 26.4b1</b> his/her 5:00 p.m. <b>NJ ex order 26.4b1</b>. The DON provided a pharmacy slip which revealed <b>NJ ex order 26.4b1</b>.</p> <p>At 3:39 p.m., the surveyor in the presence of the DON interviewed the CMA a second time via telephone to inquire about the <b>NJ ex order 26.4b1</b> to Resident #3 on <b>NJ ex order 26.4b1</b> at 5 p.m., since the <b>NJ ex order 26.4b1</b> was not delivered by the pharmacy until <b>NJ ex order 26.4b1</b>. The CMA stated she did not administer <b>NJ ex order 26.4b1</b> to Resident #3 on <b>NJ ex order 26.4b1</b> at 5:00 p.m. The CMA explained she documented Resident #3's <b>NJ ex order 26.4b1</b>, and it must have marked the <b>NJ ex order 26.4b1</b> as administered. During continued interview, the CMA confirmed she did not administer the scheduled 9:00 a.m., nor the 5:00 p.m. <b>NJ ex order 26.4b1</b> to Resident #3.</p> <p>The surveyor then reviewed the, "Location of Administration Report," provided by the DON. The report revealed on <b>NJ ex order 26.4b1</b> at 5:40 p.m., the CMA administered <b>NJ ex order 26.4b1</b>. <b>NJ ex order 26.4b1</b> in Resident #3's <b>NJ ex order 26.4b1</b></p>	A 935		
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A 935	<p>Continued From page 3</p> <p>The surveyor reviewed an in-service sheet dated <span style="background-color: black; color: white; font-size: 8px;">NJ ex order 26-4</span> regarding "Unavailable medications," which was conducted by the DON and signed by all nursing staff including the CMA. The in-service revealed, "If a medication is not available you must inform the supervisor. Simply documenting that a medication is unavailable is not an acceptable practice. The nurse will inform the MD [Medical Doctor] that the medication is not available and document accordingly in the resident profile. Please call the pharmacy and request that the medication be sent. If the medication needs a refill, you must communicate that to the supervisor as well. Medications should be re-ordered in a timely manner. When you see that a medication is getting low, please refill."</p> <p>The surveyor reviewed the facility policy titled, "Documentation of Medication Administration," which revealed, "A Nurse or Certified Medication Aide (where applicable) shall document all medications administered to each resident on the resident's medication administration record (MAR)...Documentation must include, as a minimum...Reason(s) why a medication was withheld, not administered, or refused (as applicable)."</p>	A 935		

**AristaCare at Delaire Gardens**  
**400 West Stimpson Ave. Linden, NJ 07036**  
**Plan of correction for Complaint Visit 2/16/24**

**A 935 8:36-11.4 (b) Pharmaceutical Services**

**One, actions taken for the concern identified:**

- In regards to Resident #3; Resident # 3 **NJ ex order 26.4b1** **NJ ex order 26.4b1** **NJ Exec Order 26.4b1** The **NJ Exec Order 26.4b1** was ordered from the pharmacy on **NJ ex order 26.4b1** and delivered on **NJ ex order 26.4b1**. CMA states that she notified DON that the medication was not available. However, DON states that she was not informed.
- In-services that were provided to all CMA are the following:
  - Medication re-ordering, all medications should be re-ordered when 7 days remain in the supply. In-service provided by the DON on 2/20/24
  - Process for addressing medications that are not available at the time they are expected to be administered. In-service provided by the DON on 2/20/24
  - Medication administration with proper documentation. Selecting the appropriate category to accurately reflect if a medication was given, not available, out of parameters, refused, etc. In-service provided by the DON on 2/20/24

**Two, identification of others who have the potential to be affected:**

- All residents have the potential to be affected.

**Three, system changes and measures that will be made:**

- MAR and medication carts will be reviewed weekly for 12 weeks to ensure that medication is being signed for as ordered and that all medications prescribed are readily available. Initial review of MAR was completed for all residents on 2/19/24. Review of MAR included missing signatures, proper documentation, and medications not administered secondary to not being available. Medication cart audited to ensure availability of all medications on 2/20/24. No additional findings
- Results of the audit will be reported monthly to the Quality Assurance Steering Committee

**Four, monitoring:**

- MAR and medication cart will be reviewed weekly for 12 weeks to ensure that medication is being signed for as ordered and that all medications prescribed are readily available

- Results of the audit will be reported monthly to the Quality Assurance Steering Committee

Plan of Correction date 3/23/24

ACCEPTED 07/18/24  
EB

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 90C000 <span style="float:right">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/16/2024 <span style="float:right">Y3</span>
NAME OF FACILITY ARISTACARE AT DELAIRE	STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST STIMPSON AVENUE LINDEN, NJ 07036	

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 A0935	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:36-11.4(b)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	04/18/2024	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

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

FOLLOWUP TO SURVEY COMPLETED ON 2/16/2024	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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