

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

PRINTED: 05/12/2022
FORM APPROVED
OMB NO. 0938-0391

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|---|---|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315310 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 09/23/2021 |
| NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT HARBOR VIEW | | | STREET ADDRESS, CITY, STATE, ZIP CODE 178-198 OGDEN AVE JERSEY CITY, NJ 07307 | | |
| (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 C #: NJ00146243 NJ00146016 NJ00148132 Census: 135 Sample Size: 6 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey. | F 000 | | | |
| F 585 SS=D | Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. | F 585 | | 10/29/21 | |

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

TITLE

(X6) DATE

Electronically Signed

10/14/2021

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 585 | Continued From page 1 §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being | F 585 | | | |

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| F 585 | <p>Continued From page 2 investigated;</p> <p>(iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;</p> <p>(v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;</p> <p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00146243</p> <p>Based on observations, record review, interviews, and facility policy review, the facility failed to ensure that Resident [REDACTED]'s grievance was promptly resolved.</p> | F 585 | <p>1. What corrective action will be accomplished for those residents affected by this practice? -Administrator reviewed and revised policy on grievance procedure for residents, including the grievance form. -Inservice on revised policy on grievance</p> | | |

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| F 585 | <p>Continued From page 3</p> <p>Findings included:</p> <p>1. Resident [REDACTED] was admitted to the facility on [REDACTED] with diagnoses that included but not limited to status post [REDACTED]. The Resident was discharged to another facility on [REDACTED].</p> <p>The Minimum Data Set (MDS) assessment dated [REDACTED] revealed the resident had [REDACTED] cognition, with a Brief Interview for Mental Status (BIMS) score of [REDACTED].</p> <p>Review of the concern report from responsible party, dated [REDACTED], revealed in part, "Responsible party reported in [REDACTED] that Resident [REDACTED] was missing a mini refrigerator."</p> <p>On 9/23/21 at 11:51 AM, the surveyor interviewed the facility's social worker who stated that if there were any missing items reported, a grievance process must be initiated.</p> <p>A responsible party for Resident [REDACTED] was interviewed on 9/23/21 at 12:07 PM who stated that in [REDACTED], [REDACTED] informed the facility's Administrator and Social Worker that Resident [REDACTED] was missing a mini refrigerator. When the responsible party visited on [REDACTED], the mini refrigerator was still not found. The responsible party reported to the social worker and Administrator again on the day of visit.</p> <p>On 9/23/21 at 12:30 PM, the surveyor interviewed the Unit Manager (UM) where Resident [REDACTED] used to live prior to discharge to another facility. The UM stated that for any new admissions to the facility, the staff will complete an inventory list that</p> | F 585 | <p>procedure for residents was done for department heads, including the social workers, unit managers, supervisors, and any other management staff by the Administrator, with emphasis on need for prompt resolution of the grievance.</p> <p>-The mini refrigerator had already been located and returned to the facility where resident [REDACTED] currently resides. This was prior to the date of this visit and it was documented on the grievance form.</p> <p>2. How we will identify other residents having the potential to be affected by the same practice?</p> <p>-All residents may be affected and may be identified by reviewing the daily census.</p> <p>-A random audit of 5 grievance forms has been done by the administrator to ensure prompt completion and resolution of the grievance and there were no issues with promptness on the audited grievances.</p> <p>3. Measures put in place or what systemic changes will be made to ensure that practice will not recur:</p> <p>-Inservice done for all staff handling grievances with an emphasis on promptness of resolution by the Administrator/designee.</p> <p>-Grievances will be immediately presented to the Administrator/designee. Date received would be recorded and initialed on Grievance form by Administrator/designee.</p> <p>-Administrator/designee will keep a running record of steps taken during the investigation of the grievance and will ensure that the resolution of the grievance will take no more than one week. At the end of one week, the IDCP team will meet</p> | | |

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| F 585 | <p>Continued From page 4</p> <p>will itemize all the personal belongings of the resident upon admission.</p> <p>The surveyor reviewed a form titled, "Inventory List" that documented all the personal belongings of Resident [REDACTED] upon admission which revealed that the resident had 1 mini refrigerator in his/her room.</p> <p>The surveyor requested a copy of all the facility's grievances for the months of [REDACTED] through [REDACTED]. A copy of grievance for Resident [REDACTED] revealed a form titled, "Missing Item Report" dated [REDACTED] that documented the date the item was last seen was [REDACTED].</p> <p>A review of the facility's Policy and Procedure titled, "Grievance Procedure for Residents" revealed under Policy, "Consistent with the philosophy of the facility, any and all complaints of the resident and/or responsible parties shall be addressed and corrected or responded to in an expeditious manner." Further review showed under Procedure #2, "Upon receipt of grievance, we will: a. Promptly investigate.</p> <p>NJAC 8:39-13.2 (c)</p> | F 585 | <p>to review the grievance and will resolve the grievance. If unable to complete the resolution in one week, reason for that is to be documented and reported to the QA/QAPI Committee who will follow it up with the Administrator. If resolved, the Administrator/designee will communicate the resolution to the person making the grievance and will document the resolution.</p> <p>4. How corrective actions will be monitored to ensure that practice will not recur.</p> <p>-QA/QAPI team will review the grievance resolutions at least monthly and will monitor the time frames of completion of the grievances. Results will be reported to the Administrator and QA Committee at least quarterly. Administrator will address any issues immediately.</p> | | |