

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315310</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/31/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALARIS HEALTH AT HARBOR VIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>178-198 OGDEN AVE</b> <b>JERSEY CITY, NJ 07307</b>		
(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 #: NJ: 150753, 152441, 152829, 152949  Sample Size: 8  Census: 120  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 658 SS=D	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: COMPLAINT: # NJ00152441, 00152829, 00152949  Based on interviews and record review, as well review of pertinent facility documents on 3/30/22 and 3/31/22, it was determined that the facility failed to follow the acceptable professional standard of practice on documentation and their "PHYSICIAN NOTIFICATION POLICY" for 1 of 8 residents (Resident #3) reviewed for physician's order. This deficient practice is evidenced by the following:  1. According to Resident [REDACTED]'s medical record, the	F 658	Plan of correction for F658 level D 3/31/2022 survey  1. In-service for nurse assigned to Resident #3 on "Physician Notification Policy" "Physician Notification Policy reviewed and updated by Administrator/DON/Designee.  2. All residents who have stat orders may be affected. They may be identified by a review of the POS and Mars. An audit of 5 charts with stat orders was done by Administrator. No issues were	4/22/22	

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

TITLE

(X6) DATE

Electronically Signed

04/22/2022

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 658	<p>Continued From page 1</p> <p>Resident was admitted to the facility on [REDACTED] with diagnosis that included but were not limited to: [REDACTED]. The Resident was discharged on [REDACTED].</p> <p>The Minimum Data Set (MDS), an assessment tool dated [REDACTED], showed that Resident [REDACTED]'s cognition was [REDACTED] and required total assistance from staff with Activities of Daily Living (ADL).</p> <p>The "Progress Notes (PN)" dated [REDACTED] at 5:38 pm, documented by the Unit Manager (UM #2), showed a physician order for [REDACTED] Stat (emergency).</p> <p>Resident [REDACTED]'s medical record (MR) showed no [REDACTED] result on or after [REDACTED]. In addition there was no documentation and that the physician was not notified that the [REDACTED] was not done for the Resident.</p> <p>The surveyor conducted an interview with the Unit Managers on 3/31/22 at 9:57 am. They stated that when an "Stat order" was not done as ordered, the physician should be notified immediately, followed by documentation on the resident's progress notes or medical record.</p> <p>The surveyor conducted an interview with the Director of Nursing (DON) on 3/31/22 at 11:54 am. The DON explained that the facility had a 4 hour window for the [REDACTED] to be done. Any orders not completed as ordered, the physician has to be notified and then should be documented on the progress notes. The DON acknowledged that the stat [REDACTED] was not done and the physician was not notified for Resident [REDACTED] on or after [REDACTED] prior to Resident's discharged from the facility.</p>	F 658	<p>found.</p> <p>3. An in-service for all nurses was done on the "Physician Notification Policy" by DON/ADON/Designee to review any stat orders and ensure their completion.</p> <p>4. A QA Audit of 5 charts per month for 3 months to ensure completion of stat oredes will be done by Administrator/DON/Designee. Any issues will be immediately addressed and results will be reported to the Administrator and QA committee at least quarterly.</p>		

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F 658	Continued From page 2  The facility's policy titled, "PHYSICIAN NOTIFICATION POLICY," revised on 5/2020, showed "It is the policy of the facility to ensure quality of care and communication between the physician and facility...The Physician or physician designee (Nurse Practitioners...will be informed as soon as possible by the staff member if the following occurs...2.) Any orders not completed as directed..."  The facility's policy titled, "Nursing Charting & Documentation Policy", dated 4/2/19, showed "All observations...services performed, etc., must be documented in the resident's clinical records....Notification of family, physician or other staff, if indicated..."  NJAC 8:39-11.2 (b)	F 658			