

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D6OGUT	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/04/2024
NAME OF PROVIDER OR SUPPLIER ACTIVE DAY AT CASA MANITO		STREET ADDRESS, CITY, STATE, ZIP CODE 324 55TH STREET WEST NEW YORK, NJ 07093		
(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
M 000	<p>Initial Comments</p> <p>Type of Survey: Complaint</p> <p>Complaint#: NJ00174150</p> <p>Session 1: 8:00 a.m.- 1:00 p.m. Census 35</p> <p>Session 2: 10:30 a.m.- 3:30 p.m. Census 20</p> <p>Capacity 125</p> <p>Sample Size: 3</p> <p>The facility was not in substantial compliance with all of the standards in the New Jersey Administrative Code, Chapter 8:43F, Standards for Licensure of Adult Day Health Services. 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 the provisions of New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	M 000		
M 223	<p>8:43F-3.1(b)(1-7) Administration</p> <p>(b) The administrator shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including participant rights;</p> <p>2. Planning and administering the managerial, operational, fiscal, and reporting components of the facility;</p>	M 223		

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

TITLE

(X6) DATE

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M 223	<p>Continued From page 1</p> <p>3. Participating in the quality improvement program for participant care and staff performance;</p> <p>4. Ensuring that all personnel are assigned duties based upon their education, training, competencies, and job descriptions;</p> <p>5. Ensuring the provision of staff orientation, staff education, and ongoing staff training in accordance with N.J.A.C. 8:43F-6.3;</p> <p>6. Establishing and maintaining liaison relationships and communication between facility staff and services providers and with participants and their caregivers; and</p> <p>7. Verifying that each Medicaid-eligible participant is eligible to receive services available at the adult day health services facility prior to the participant's entry into the program. For the purposes of this section, the administrator shall be entitled to rely on any prior authorization performed by the Department for the participant in accordance with N.J.A.C. 8:86.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the Administrator failed to ensure</p>	M 223		

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M 223	<p>Continued From page 2</p> <p>the facility policies and procedures regarding Registered Nurse (RN) responsibilities and [REDACTED] policies were consistently implemented and enforced for 1 of 3 participants that was reviewed for [REDACTED] Participant #2. This deficient practice was based on the following evidence:</p> <p>On [REDACTED] the Department of Health (DOH) received a Facility Reportable Event (FRE), a document used to report incidents to the DOH. The FRE revealed Participant #2 [REDACTED] on [REDACTED].</p> <p>On 6/4/2024 at 10:30 a.m., the surveyor interviewed the Administrator (Adm.) who stated that on [REDACTED] Participant #2 was involved in an activity when a staff member assigned to activities left the supervised area and assisted another participant with [REDACTED]. The Adm. further stated that Participant #2 was able to [REDACTED] and [REDACTED]. The Adm. stated that the Receptionist did not see Participant #2 [REDACTED] as her back was turned away from the main door. Further, the Adm. stated that the main entrance door was not locked and there were no alarms to alert staff that a participant had [REDACTED].</p> <p>At 10:45 a.m., the surveyor reviewed the medical record of Participant #2, which documented that the participant was admitted to the program in [REDACTED] with diagnoses [REDACTED].</p> <p>The "Comprehensive Nursing Assessment" dated [REDACTED] revealed that Participant #2 [REDACTED]. Participant #2 [REDACTED].</p> <p>NJ ex order 26.4b1</p>	M 223		

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M 223	<p>Continued From page 3</p> <p>During surveyor interview at 11:00 a.m., with the Director of Nursing (DON), she stated that she did an assessment in the participant's medical record when Participant #2 NJ ex order 26.4b1. At this time the surveyor requested a copy of the RN assessment. Later the DON stated that she wrote a note in the medical record and did not perform a comprehensive RN assessment. Continued surveyor review of the nurses note dated NJ ex order 26.4b1 timed 3:32 p.m., revealed Participant #2 NJ ex order 26.4b1.</p> <p>Further review of the note revealed the note was created on 6/4/2024 at 11:28 a.m., after survey entrance and after the surveyor requested the RN assessment from the DON.</p> <p>On 6/5/2024 at 10:30 a.m., the surveyor interviewed the Adm. via telephone who confirmed the progress note was created after surveyor request of the RN assessment. In addition, the Adm. stated, and confirmed that there should have been a comprehensive RN assessment when Participant #2 returned to the facility after he/she NJ ex order 26.4b1.</p> <p>The surveyor reviewed the facility's policy and procedure titled, Elopement, revised 12/12/2022, which indicated, "POLICY...will provide a secure environment for all members, maintaining their right to safety and security. 3. [Facility] will be equipped with door alarms and/or other systems for which only...staff knows security codes.</p> <p>Surveyor review of the facility's policy titled, "Designation and Responsibilities of the Nurse Manager, RN" revised 12/12/2022, revealed, "Procedure...The Nurse Manager shall be responsible for the direction, provision, and</p>	M 223		

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M 223	Continued From page 4 quality of nursing services provided to all members...b. Assess and continually monitor the condition of each member on an ongoing basis, and as required by any required regulatory bodies...e. Complete all appropriate documentation. The surveyor requested a removal plan (RP) and the RP was accepted 6/5/2024.	M 223		
M 377	8:43F-5.4(b) Participant Assessment and Plan of Care The interdisciplinary plan of care shall be based on the comprehensive assessments provided by nursing, dietary, activities, and social work staff; and when ordered by the physician, advanced practice or physician assistant, other health professionals, including pharmacy consultation, shall also provide assessments. The plan of care shall include measurable objectives with interventions based on the participant's care needs and means of achieving each goal. The complete plan of care shall include, if appropriate, rehabilitative/restorative measures, preventive intervention, and training and teaching of self-care. This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the facility failed to ensure a participant's plan of care was implemented when the participant NJ Ex Order 26.4(b)(1) of the facility for 1 of 3 participants reviewed, Participant #2. This deficient practice was based on the following evidence:	M 377		

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M 377	<p>Continued From page 5</p> <p>On 5/24/2024 the Department of Health (DOH) received a Facility Reportable Event (FRE), a document used to report incidents to the DOH. The FRE revealed Participant #2 NJ ex order 26.4b1</p> <p>On 6/4/2024 at 10:30 a.m., the surveyor interviewed the Administrator (Adm.) who stated that Participant #2 was involved in an activity and the staff member left the supervised area while to assist another participant with NJ ex order 26.4b1. The Adm. further stated that Participant #2 was able to NJ ex order 26.4b1 and NJ Ex Order 26.4(b)(1). The Adm. stated that the Receptionist did not see Participant #2 NJ ex order 26.4b1 as her back was turned away from the main door. The Adm. stated that the main entrance door was not locked and there were no alarms to alert staff.</p> <p>At 10:30 a.m., the surveyor reviewed the medical record of Participant #2, which indicated the participant was admitted to the program in NJ ex order 26.4b1, with diagnoses which included NJ ex order 26.4b1</p> <p>The "Comprehensive Nursing Assessment" dated NJ ex order 26.4b1 revealed Participant #2 NJ ex order 26.4b1</p> <p>In addition, Participant #2 NJ ex order 26.4b1</p> <p>Surveyor review of the Participant #2's "Individual Plan of Care" (IPC) dated NJ ex order 26.4b1 and revised NJ ex order 26.4b1 and NJ ex order 26.4b1 documented the participant was identified to be at NJ ex order 26.4b1 and had NJ ex order 26.4b1. The surveyor did not observe any updates or new interventions to the IPC after NJ ex order 26.4b1 when Participant #2 NJ ex order 26.4b1 of the</p>	M 377		

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M 377	Continued From page 6 NJ ex order 26.4b1 At 11:00 a.m., the surveyor interviewed the Director of Nursing (DON) and inquired about updates to the IPC once Participant #2 NJ ex order 26.4b1. The DON stated that she did not update the care plan with new interventions after the participant NJ ex order 26.4b1 The facility failed to update Participant #2's plan of care to NJ ex order 26.4b1 The surveyor requested a removal plan (RP) and the RP was accepted 6/5/2024.	M 377		
M 379	8:43F-5.4(c) Participant Assessment and Plan of Care There shall be a scheduled review and evaluation in each service involved in the initial assessment, and in other areas that the physician, advanced practice nurse or physician assistant, or interdisciplinary team indicates are necessary. Reassessments shall be performed as necessary, based on participant's needs, but at least quarterly for adult participants. This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to consistently ensure participant reassessments were performed as necessary, based on the participant's needs, for 1 of 3 participants	M 379		

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M 379	<p>Continued From page 7</p> <p>reviewed, Participant #2. This deficient practice was evidenced based on the following:</p> <p>On 5/24/2024 the Department of Health (DOH) received a Facility Reportable Event (FRE), a document used to report incidents to the DOH. The FRE revealed Participant #2 NJ ex order 26.4b1</p> <p>On 6/4/2024 at 10:30 a.m., the surveyor interviewed the Administrator (Adm.) who confirmed that on NJ ex order 26.4b1 Participant #2 NJ ex order 26.4b1</p> <p>On 6/4/2024 at 10:45 a.m., the surveyor reviewed the medical record of Participant #2, which documented that the participant was admitted to the program in NJ ex order 26.4b1, with diagnoses NJ ex order 26.4b1</p> <p>The "Comprehensive Nursing Assessment" dated NJ ex order 26.4b1 revealed that Participant #2 NJ ex order 26.4b1</p> <p>Participant #2 NJ ex order 26.4b1 and NJ ex order 26.4b1</p> <p>In addition, Participant #2 was assessed to be an NJ ex order 26.4b1.</p> <p>At 11:00 a.m., the surveyor interviewed the Director of Nursing (DON) who stated that she assessed Participant #2 NJ ex order 26.4b1.</p> <p>At this time the surveyor requested the RN assessment after Participant #2 NJ ex order 26.4b1.</p> <p>Later the DON stated that she did not do an assessment but wrote a note in Participant #2 medical record. The surveyor reviewed the note dated NJ ex order 26.4b1 timed 3:32 p.m. which revealed</p>	M 379		

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M 379	<p>Continued From page 8</p> <p>Participant #2 NJ ex order 26.4b1. The participant was brought to the nurse's department for an assessment. The surveyor did not observe a comprehensive RN assessment in the medical record after NJ ex order 26.4b1.</p> <p>Further review of the note revealed that the note was created on 6/4/2024 at 11:28 a.m., which was after the survey entrance, and after the surveyor requested the RN assessment.</p> <p>On 6/5/2024 the surveyor interviewed the Adm. via telephone who confirmed that the progress note was written after surveyor request. In addition, the Adm. stated there should have been a comprehensive RN assessment when Participant #2 NJ ex order 26.4b1.</p> <p>The surveyor observed the surrounding area of the facility which included an active downtown area with surrounding businesses.</p> <p>The surveyor requested a removal plan (RP) and the RP was accepted 6/5/2024.</p>	M 379		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER D6OGUT	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/24/2024
NAME OF FACILITY ACTIVE DAY AT CASA MANITO	STREET ADDRESS, CITY, STATE, ZIP CODE 324 55TH STREET WEST NEW YORK, NJ 07093	

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 M0223	Correction	ID Prefix M0377	Correction	ID Prefix M0379	Correction
Reg. # 8:43F-3.1(b)(1-7)	Completed	Reg. # 8:43F-5.4(b)	Completed	Reg. # 8:43F-5.4(c)	Completed
LSC	05/28/2024	LSC	06/04/2024	LSC	06/04/2024
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	
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 6/4/2024		<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			