

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 080470 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 01/12/2022 |
| NAME OF PROVIDER OR SUPPLIER ACTIVE DAY OF LAUREL SPRINGS | | STREET ADDRESS, CITY, STATE, ZIP CODE 1361 CHEWS LANDING ROAD LAUREL SPRINGS, NJ 08021 | | |
| (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 | Initial Comments Type of Survey: Complaint Complaint #: NJ 00150686 Census: 31 Sample Size: 3 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. | M 000 | | |
| M 223 | 8:43F-3.1(b)(1-7) Administration (b) The administrator shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including participant rights; 2. Planning and administering the managerial, operational, fiscal, and reporting components of the facility; 3. Participating in the quality improvement program for participant care and staff performance; | M 223 | | |

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

TITLE

(X6) DATE

02/07/22

New Jersey Department of Health

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| M 223 | <p>Continued From page 1</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: Complaint #: NJ 00150686</p> <p>Based on interview and record review, it was determined that the facility failed to follow its "Transportation Safety" policy to ensure that a participant was dropped off at the participant's destination on [REDACTED] for 1 of 3 participants,</p> | M 223 | | |

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| M 223 | <p>Continued From page 2</p> <p>Participant #2 reviewed for transportation. This deficient practice was evidenced by the following:</p> <p>On 1/12/2022 at 10:45 a.m., Surveyor #1 interviewed the facility's Administrator via telephone and inquired if there was any incident/accident that occurred at the facility in the [REDACTED] months. During the interview, the Administrator stated that on [REDACTED] at approximately 4:30 p.m., Participant #2 was dropped off at his/her former address instead of the current address by Driver #2 due to change in schedule when the participant's regular driver [Driver #1] became sick and went home. The Administrator explained that Participant #2 moved in with his/her family representative across from the participant's former address and that the Driver #2 went by memory instead of following the transportation run sheet.</p> <p>Further, the Administrator stated that she later received a telephone call from Participant #2's family representative at approximately 5 p.m., who stated that a neighbor found Participant #2 standing outside of his/her former address. According to the Administrator, the family representative stated that the neighbor walked Participant #2 to his/her current home address where the family representative lives. The Administrator confirmed that when the participant moved, the family representative notified the program of change in address.</p> <p>During continued interview, the surveyor asked the Administrator the protocol for a participant drop off. The Administrator stated that the protocol for participant drop off included door to door service and watching the participant enter his/her home. The surveyor then requested the policy for transportation services.</p> | M 223 | | |

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| M 223 | <p>Continued From page 3</p> <p>At 11:06 a.m., the surveyor interviewed the Driver#2 regarding the aforementioned incident and he stated that on the date of the incident [REDACTED], he dropped off Participant #2 at approximately 4:30 p.m. at the participant's previous destination. The driver explained that he went by memory and was not aware that the participant had moved until after the incident. Driver #2 stated that he watched the participant walk into the house and closed the door behind him/her before driving off. In addition, he told the surveyor that the door was slightly opened but that he did not see anyone in the doorway. Driver #2 confirmed that the participant's current address was on the run sheet and that the incident should not have occurred.</p> <p>At 11:30 a.m., the surveyor reviewed Participant #2's medical record and the "Face Sheet" revealed that the participant's enrollment date into the program was [REDACTED] with diagnoses which included [REDACTED]. In addition, the surveyor observed the participant's current address on the Face Sheet.</p> <p>Surveyor review of the driver's "Run Take Home" sheet dated [REDACTED] reflected Participant #2's current address. However, the participant was dropped off at the participant's former address.</p> <p>At 1:05 p.m., the surveyor informed the Administrator of the aforementioned concern via telephone and she acknowledged that the participant was dropped off at the wrong address.</p> <p>On 1/25/21 at 10:05 a.m., the surveyor interviewed the participant's family representative regarding the [REDACTED] incident. The family</p> | M 223 | | |

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| M 223 | <p>Continued From page 4</p> <p>representative stated that he/she called the Administrator at approximately 4:30 p.m., when Participant #2 was not home at 4 p.m., as scheduled. The family representative stated that a neighbor observed Participant #2 [REDACTED] and brought the participant to the current address at approximately 5:15 p.m.</p> <p>The surveyor reviewed the facility's policy titled, "Unloading members from a vehicle" and subtitled, "Ambulatory Members: 1. Driver will arrive to the pre-designated unloading area at the facility/member's home. 2. Driver will unload each member one at a time to escort to the facility or to the member's door."</p> <p>The driver failed to escort Participant #2 to the participant's door to ensure that the participant was in the right home.</p> | M 223 | | |

STATE FORM: REVISIT REPORT

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| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 080470 | MULTIPLE CONSTRUCTION A. Building B. Wing | DATE OF REVISIT 2/24/2022 |
| NAME OF FACILITY ACTIVE DAY OF LAUREL SPRINGS | STREET ADDRESS, CITY, STATE, ZIP CODE 1361 CHEWS LANDING ROAD LAUREL SPRINGS, NJ 08021 | |

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 | Correction | ID Prefix | Correction |
| Reg. # 8:43F-3.1(b)(1-7) | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | 02/11/2022 | 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 | |

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|-----------------------------|---------------------------|------|-----------------------|------|
| 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 1/12/2022

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

☐ YES ☐ NO



State of New Jersey
DEPARTMENT OF HEALTH
PO BOX 367
TRENTON, N.J. 08625-0367
www.nj.gov/health

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

JUDITH M. PERSICHILLI, RN, BSN, MA
Commissioner

February 24, 2022

Ms. Josephine Washington, Administrator
Active Day Of Laurel Springs
1361 Chews Landing Road
Laurel Springs, NJ 08021
Dear Ms. Washington:

This will acknowledge your plan of correction received February 24, 2022, for the deficiencies found during our Complaint Survey of January 12, 2022. Your plan of correction has been reviewed and was found to be acceptable.

If you have any questions or concerns, you may call me at 609-633-8990.

Sincerely,

[Redacted Signature]

[Redacted Name] RN, BSN, CPM
Supervisor of Inspections
Health Facility Survey & Field Operations



1361 Chews Landing Road, Laurel Springs, NJ 08011

February 7, 2022

Re: Deficiency Plan of Correction for Complaint # NJ 00150686

1.

In accordance to our transportation policy. Active Day Driver failed to ensure Participant #2 was brought home to the Residence on file.

2.

All Participants have the potential to be effected by this deficient practice

3.

Drivers of Active Day will continue to be trained upon hire and in-serviced at least once annually and on an as needed basis.

4.

In the event that a driver will pick up or drop off a Member that is not on his/her daily run sheet, they will now be required to staple any additional run sheets to their existing run sheets in order to ensure all notes/special instructions are read and adhered to.

Furthermore, Transportation Director or Designee will certify daily run sheets with signature acknowledgement and recorded date.

Completion Date: February 11, 2022