

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 081170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/20/2023
NAME OF PROVIDER OR SUPPLIER ACTIVE DAY OF HAMILTON		STREET ADDRESS, CITY, STATE, ZIP CODE 410 WHITEHEAD ROAD HAMILTON, NJ 08619		
(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 #: NJ00161201 Census: 58 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

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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 #: NJ00161201</p> <p>Based on interview and record review, it was determined that the Administrator (ADM) failed to ensure the implementation and enforcement of all policies and procedures, including [REDACTED]</p>	M 223		

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M 223	<p>Continued From page 2</p> <p>Precautions and Documentation" for 1 of 3 Participants reviewed, Participant #1. This deficient practice was evidence by the following:</p> <p>The surveyor reviewed the medical record (MR) of Participant #1 who was admitted on [REDACTED] with diagnoses of [REDACTED]</p> <p>The surveyor reviewed "Print Selected Notes" dated [REDACTED] at 11:50 a.m., which showed, "[Participant #1] tried to sit on the [REDACTED] [but] slipped and [REDACTED] in front of the chair, [Participant #1] [REDACTED] and said [REDACTED] because [he/she] fell at home this morning. [Participant #1 was] assisted back up by 2 [two] staff and when [Participant #1] tried to [REDACTED] [he/she stated] "[REDACTED]". [Participant #1 was] provided [with] a [REDACTED] for now and reminded not to ambulate alone and [to] have a staff [member] assist. [The DON] called GH (Group Home) manager and informed [them Participant #1] [REDACTED] [The DON] suggested [the home should] schedule [Participant #1] for a MD (medical doctor) consult and get a PT (physical therapy) eval (evaluation) and treat here at the program. [The DON] called MD's office... [MD office personnel stated Participant #1] has an upcoming appt (appointment) in [REDACTED] but [she] will let MD know so [Participant #1] can be seen sooner. [The DON] will assist member with locomotion and monitor status".</p> <p>Review of the nursing assessments for Participant #1 showed the DON did not complete a Comprehensive Nursing Assessment (CNA) following each [REDACTED] on [REDACTED] and [REDACTED] or when</p>	M 223			

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M 223	<p>Continued From page 3</p> <p>Participant #1 returned to the center.</p> <p>On 04/20/2023 at 1:28 p.m., the surveyor interviewed the DON about her assessments following Participant #1's falls on [REDACTED] and [REDACTED] and when Participant #1 returned to the center, who explained her assessments were in her notes. The DON also explained she did not complete a CNA for [REDACTED] on [REDACTED] and [REDACTED] or when Participant #1 returned to center but created an incident report for each [REDACTED]. Additionally, the DON stated that she did not believe Participant #1's [REDACTED] was from the [REDACTED] at the center on [REDACTED] and [REDACTED] but from a [REDACTED] at the home. The DON explained the facility procedure was to check the Participant's level of [REDACTED] if there was a [REDACTED], call 911(Emergency Services), notify family, Medical Doctor, and care giver. The DON also explained if there was a possible injury 911 would be called.</p> <p>On 04/20/2023 at 1:47 p.m., the surveyor interviewed the ADM who stated the fall procedure was to not move the Participant after a [REDACTED] until the nurse did an assessment, if the Participant suffered a [REDACTED] and/or a life threatening injury of any kind, 911 should be called and the Participant should be sent out, documentation should be completed, and a phone call should be made to the caregiver. The ADM also stated that incident reports were done with falls or injuries.</p> <p>The surveyor reviewed a facility policy for [REDACTED] "Precautions and Documentation", which listed under "...Accidental Member [REDACTED] Procedure: ...3. The Nurse Manager or Registered Nursing designee will assess the member immediately, inspecting them for any possible breaks, fractures, lacerations [,] or potential conditions</p>	M 223		

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M 223	Continued From page 4 from the [REDACTED] that would require EMS [Emergency Medical Services] ...10. All members who have fallen, sustaining an injury or not, will be provided with a comprehensive nursing assessment by the Registered Nurse, and will include their current range of motion, skin status and vital signs. All elements of the assessment are to be documented in the form of a progress note in the EHR (Electronic Health Record). 11. The incident is to be documented appropriately and as required, by the Nurse Manager...." The Administrator did not ensure the implementation and enforcement of all policies and procedures, including [REDACTED] Precautions and Documentation" for Participant #1 who [REDACTED] on [REDACTED], which required an Emergency Room visit on [REDACTED] for a diagnosis of [REDACTED] Reference: 8:43F-7.4(b)(2)(i-ix), (3-4)	M 223		
M 443	8:43F-7.4(b)(2)(i-ix),(3-4) Nursing Services (b) The registered professional nurse shall be responsible for, but not limited to, the following: 2. Maintaining the standards of nursing practice including, but not limited to: i. Monitoring of identified medical conditions; ii. Administration and supervision of prescribed medications and treatments; iii.Coordination of rehabilitative services; iv. Development of a restorative nursing	M 443		

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M 443	Continued From page 5 plan; v. Monitoring of clinical behavior and nutritional status; vi. Assisting with the maintenance or redevelopment of the activities of daily living skills; vii. Monitoring growth and development; viii. Implementing infection control procedures; and ix. Communicating findings to the attending physician; 3. Managing medical emergencies; 4. Documenting the nursing services provided, including the initial assessment and evaluation of the participant's health care needs, development of the nursing component of the individualized plan of care, evaluation of the participant's progress in reaching established goals and defining the effectiveness of the nursing component of the individualized plan of care.	M 443			

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M 443	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00161201</p> <p>Based on interview and record review, it was determined that the Director of Nursing (DON) failed to complete and document assessments post falls for 1 of 3 participants, Participant #1. This deficient practice was evidenced by the following:</p> <p>The surveyor reviewed the medical record (MR) of Participant #1 who was admitted on [REDACTED] with diagnoses of [REDACTED]</p> <p>The surveyor reviewed "Print Selected Notes" dated [REDACTED] written by the DON who documented Participant #1 "tried to [REDACTED] and missed [the [REDACTED] and landed on [their] [REDACTED] on the floor. member stated [they were] okay, ROM WNL [range of motion within normal limits], denies [REDACTED] [The DON] called the GH (Group Home) manager's number and left [a] message [then] called MD's [Medical Doctor] office and spoke with [MD staff] ...and informed [MD staff of] incident [who replied they] will take note and inform MD." The DON documented on [REDACTED] "[Participant #1] [REDACTED] again in the quiet room. [Participant #1] tried to sit on the [REDACTED] chair and slipped and [REDACTED] in front of the chair [and had] [REDACTED] and said it hurts because [Participant #1] [REDACTED] at home this morning. [Participant #1 was] assisted back up by</p>	M 443		

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M 443	<p>Continued From page 7</p> <p>2 [two] staff and when tried to [REDACTED] said "[REDACTED] [Participant #1 was] "provided a [REDACTED] ...and reminded not to ambulate alone...." The DON documented on [REDACTED], "[Participant #1 was] still complaining of [REDACTED]. [The Group Home] called and stated they were in the ER (Emergency Room) and [Participant #1 had] a [REDACTED]. They [the ER] gave [Participant #1] a [REDACTED] and a [REDACTED].</p> <p>During MR review, the surveyor reviewed Participant #1's ER documentation from [REDACTED] which listed "Diagnosis from Today's Visit: [REDACTED]".</p> <p>Review of the nursing assessments for Participant #1 showed the DON did not complete a Comprehensive Nursing Assessment (CNA) following [REDACTED] or [REDACTED] and [REDACTED], or when Participant #1 returned to the center (date unknown).</p> <p>On 04/20/2023 at 1:28 p.m., the surveyor interviewed the DON, who explained her assessments were in her notes and that she did not complete a CNA for [REDACTED] on [REDACTED] and [REDACTED] when Participant #1 returned to the center but created an incident report for each [REDACTED].</p> <p>On 04/20/2023 at 1:47 p.m., the surveyor interviewed the Administrator (ADM), who explained the facility [REDACTED] protocol which was not to move a Participant after a [REDACTED] until the nurse does an assessment, if the Participant suffered a head injury and/or a life threatening injury of any kind, 911 should be called and the Participant should be sent out, documentation should be completed, and a phone call should be made to the caregiver. The ADM also stated that incident</p>	M 443		

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M 443	<p>Continued From page 8</p> <p>reports were done for falls or injuries.</p> <p>The surveyor reviewed of the facility policy titled, [REDACTED] Precautions and Documentation", which listed under "...Accidental Member Fall Procedure: ...3. the Nurse Manager or Registered Nursing designee will assess the member immediately, inspecting them for any possible breaks, fractures, lacerations [,] or potential conditions from the fall that would require EMS [Emergency Medical Services] ...10. All members who have fallen, sustaining an injury or not, will be provided with a comprehensive nursing assessment by the Registered Nurse, and will include their current range of motion, skin status and vital signs. All elements of the assessment are to be documented in the form of a progress note in the EHR (Electronic Health Record). 11. The incident is to be documented appropriately and as required, by the Nurse Manager...."</p> <p>The DON failed to complete and document a CNA for Participant #1 [REDACTED] on [REDACTED] and [REDACTED], or when Participant #1 returned to the center following ER treatment on [REDACTED] for a [REDACTED]</p>	M 443		



June 28, 2023

Kimberly DeSimone-Administrator X

Kimberly DeSimone

M 223-Projected Date of Completion: June 27, 2023

1. How the corrective action will be corrected for those participants found to have been affected by the deficient practice.
 - a) Upon admission, members are assessed under [REDACTED] risk assessment included in their admission assessment. Any incident of [REDACTED] that occurred at the facility or other location will be followed up and assessed by nursing and a [REDACTED] risk assessment will be done per facility policy. If there are any changes in the member's condition, the nursing staff will do a comprehensive nursing assessment under change of condition to reflect the member's new status after a [REDACTED] incident.
 - b) [REDACTED] RHT, CALA, CDP Health Information Consultant Services/CEO, AHIMA Certified our contracted Medical Record Consultant, will provide a [REDACTED] in-service to all nursing staff and Administrators that reflects required documentation to be recorded in a nursing assessment ([REDACTED] assessment notes attached). Furthermore, ADM/CD will continue to have in service / training with nursing staff to review facility's [REDACTED] policy and procedure annually and for new nursing dept. staff upon hire during training and orientation.



ADM/CD will review each [REDACTED] progress note and assure all necessary criteria is recorded prior to signing off in EHR.

2. How the facility will identify other residents having the potential to be affected by the same deficient practice.

- a) Upon admission, members are assessed under [REDACTED] risk assessment included in their admission assessment. Any incident of [REDACTED] that occurred at the facility or other location will be followed up and assessed by nursing and a [REDACTED] risk assessment will be done per facility policy. If there are any changes in the member's condition, the nursing staff will do a comprehensive nursing assessment under change of condition to reflect the member's new status after a [REDACTED] incident.

[REDACTED] RHT, CALA, CDP Health Information Consultant Services/CEO, AHIMA Certified, our contracted Medical Record Consultant, will provide a [REDACTED] in-service to all nursing staff and Administrators that reflects required documentation to be recorded in a nursing assessment. Furthermore, ADM/CD will continue to have in service / training with nursing staff to review facility's [REDACTED] policy and procedure annually and for new nursing dept. staff upon hire during training and orientation. ADM/CD will review each [REDACTED] progress note and assure all necessary criteria is recorded prior to signing off in HER.



3. What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur.

a) [REDACTED] RHT, CALA, CDP Health Information Consultant Services/CEO, AHIMA Certified, our contracted Medical Record Consultant, will provide a [REDACTED] in-service to all nursing staff and Administrators. Furthermore, ADM/CD will continue to have in service / training with nursing staff to review facility's [REDACTED] policy and procedure annually and for new nursing dept. staff upon hire during training and orientation. ADM/CD will review each [REDACTED] progress note and assure all necessary criteria is recorded prior to signing off in EHR.

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systematic changes.

[REDACTED] RHT, CALA, CDP Health Information Consultant Services/CEO, AHIMA Certified, our contracted Medical Record Consultant, will provide a [REDACTED] in-service to all nursing staff and Administrators. Furthermore, ADM/CD will continue to have in service/ training with nursing staff to review facility's [REDACTED] policy and procedure annually and for new nursing dept. staff upon hire during training and



orientation. ADM/CD will review each [REDACTED] progress note and assure all necessary criteria is recorded prior to signing off in EHR.

M443-Date of Completion: June 27, 2023

1. How the corrective action will be corrected for those participants found to have been affected by the deficient practice.

a) The nursing staff will follow the most current "Fall precautions and documentation" policy and assure to include all required criteria as outlined. Regarding the [REDACTED] incident for Participant #1 on [REDACTED], the decision to not call 911 was made by DON based on the situation being considered as non-emergent it did not warrant a 911 call. This decision was determined based on the outcome of the nursing assessment conducted. Participant #1 tried to walk but was more afraid of [REDACTED] even with staff assist. Member was provided a wheelchair and was reminded to ask for assistance from staff with ambulation. Therefore, based on the outcome of the nursing assessment, DON advised the residential provider that as a precautionary measure they should take Participant #1 for an [REDACTED] prior to returning to the center.

Based on the current [REDACTED] precautions and documentation policy", which is listed under "Accidental Member [REDACTED] Procedure", the



comprehensive assessment was documented accordingly in the form of a progress note in the EHR. However, it is recognized that some of the required criteria was missing.

2. How the facility will identify other residents having the potential to be affected by the same deficient practice.

The nursing staff will follow the most current "[REDACTED] precautions and documentation" policy and assure to include all required criteria as outlined. Additionally, the "[REDACTED] precautions and documentation" policy will be updated to include removing the term "comprehensive nursing assessment" to alleviate any misinterpretation of the type of assessment that is required. ADM/CD will review each [REDACTED] progress note and assure all necessary criteria is recorded prior to signing off in EHR.

3. What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur.

[REDACTED] RHT, CALA, CDP Health Information Consultant Services/CEO, AHIMA Certified, our contracted Medical Record Consultant, will provide a [REDACTED] in-service to all nursing staff and Administrators. Furthermore, the ADM/CD will continue to have in service / training with nursing staff to review facility's [REDACTED] policy and procedure annually and for new nursing dept. staff upon hire during



training and orientation. ADM/CD will review each [REDACTED] progress note and assure all necessary criteria is recorded prior to signing off in EHR.

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systematic changes.

- a) [REDACTED] RHT, CALA, CDP Health Information Consultant Services/CEO, AHIMA Certified, our contracted Medical Record Consultant, will provide a [REDACTED] in-service to all nursing staff and Administrators. Furthermore, ADM/CD will continue to have in service / training with nursing staff to review facility's fall policy and procedure annually and for new nursing dept. staff upon hire during training and orientation. ADM/CD will review each [REDACTED] progress note and assure all necessary criteria is recorded prior to signing off in EHR.