

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 02007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/02/2025
NAME OF PROVIDER OR SUPPLIER GOOD SHEPARD ADULT DAY CARE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 725 VALLEY BROOK AVENUE LYNDHURST, NJ 07071		
(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: Monitoring/Follow-up to the 8/7/2024 audit survey conducted by the Office of the Inspector General. Census: One session: 99 Sample Size: 6 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 407	8:43F-6.3(a) General Services The facility shall make reasonable efforts to ensure that all staff providing direct care to participants in the facility are in good health, are concerned for the safety and well-being of participants, and have not been convicted of a crime relating adversely to the person's ability to provide care to participants, except when the applicant or employee with a criminal history has demonstrated his or her rehabilitation, in accordance with the standards set forth at N.J.S.A. 2A:168A-1 et seq., and N.J.A.C. 8:43F-2.1(a)8ii, in order to qualify for employment at the facility.	M 407		

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

TITLE

(X6) DATE

10/17/25

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M 407	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to ensure that job application, background check and/or reference checks were completed for 2 of 6 employees, Employee #s 1 and 3. Also, during the 8/7/24 survey, the facility failed to provide an updated certification in an employee file, Employee #2. This deficient practice was evidenced by the following: 1. On 9/2/25 at 1:00 p.m., the surveyor reviewed the personnel file of Employee #1, who was hired on [REDACTED] NJ Ex Order 26.4(d), This employee did not have a job application completed upon hire. and no new hire orientation was noted in his file. 2. At 1:15 p.m, the surveyor reviewed the personnel file of Employee #2, who was hired on 10/1/24. This employee had a Serv Safe Certification with an expiration date [REDACTED] NJ Ex Order 26.4(b) noted in his file. This employee is the Food Service Director (FSD). 3. At 1:25 p.m., the surveyor reviewed the personnel file of Employee #3, who was hired on 4/16/15. The employee did not have documented evidence of a background check or reference checks upon hire. This employee is the [REDACTED] NJ Ex Order 26.4(b)(1) 4. On 8/7/24, during the Office of the Inspector General (OIG) survey, the FSD's [REDACTED] NJ Ex Order 26.4(b)(1) certificate expired on [REDACTED] NJ Ex Order 26.4(b)(1). At the time of the 9/2/25 survey, the FSD had a current [REDACTED] NJ Ex Order 26.4(b)(1) certification on file. Also, during the [REDACTED] NJ Ex Order 26.4(b)(1) survey, the facility did not provide	M 407		

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M 407	Continued From page 2 background check documentation for Employee #3 and two other employees did not have job applications in their files, Employee #1 and an employee who was no longer employed at the facility at the time of the 9/2/25 survey. At 3:30 p.m., the surveyor discussed the facility policy dated 3/09, titled "Personnel Record" with the Administrator. In the same interview, the surveyor discussed the above findings with the Administrator. A review of a 3/09 facility policy titled "Personnel Record" indicated, "Policy Statement" "...employee records will be maintained in a confidential personnel file... Policy Interpretation and Implementation"... Each personnel record will contain... 4. Employment application, ... 6. Certification number with effective date and expiration date (if applicable); 8. References from previous employers; ... 13. Orientation records and training program records; ... 18. Criminal background investigations (as required)."	M 407			
M 421	8:43F-6.3(e)(1)(i) General Services (e) The facility shall develop and implement a staff orientation plan and a staff training and education plan, including plans for each service and designation of person(s) responsible for ongoing training. 1. All staff shall receive orientation at the time of employment and ongoing in-service training regarding, at a minimum, emergency plans and procedures, the infection prevention and control services, participant rights, and elder abuse.	M 421			

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M 421	Continued From page 3 i. The facility shall document ongoing in-service training of all staff. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to provide new-hire orientation and/or ongoing in-service trainings for 3 of 6 employees, Employee #s 1, 3 and 4. This deficient practice was evidenced by the following: 1. On 9/2/25 at 1:00 p.m., the surveyor reviewed the personnel file of Employee #1, who was hired on NJ Ex Order 26.4(b). This employee did not have a job new hire orientation noted in his file. 2. At 1:10 p.m., the surveyor reviewed the personnel file of Employee #4, who was hired on NJ Ex Order 26. The employee did not have documented evidence of ongoing in-service trainings found in the personnel file. The surveyor observed a separate facility binder with trainings for this employee. 3. At 1:25 p.m., the surveyor reviewed the personnel file of Employee #3, who was hired on NJ Ex Order 26.4(b). The employee did not have documented evidence of ongoing in-service trainings found in the personnel file. The surveyor observed a separate facility binder with trainings for this	M 421		

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M 421	Continued From page 4 employee. This employee is the Administrator. 4. On 8/7/24, during the OIG survey, Employee #3 did not complete any ongoing in-service trainings in NJ Ex Order and NJ Ex Order and there were no training records in her personnel file. Employee #4 did not have any training records in his personnel file. At the time of the 9/2/25 survey, the surveyor observed ongoing in-service trainings filed in a separate binder for Employee #s 3 and 4. At 3:30 p.m., the surveyor interviewed the Administrator who stated that all employees received orientation upon hire but could not account for the missing documentation in Employee #1's employee file. He also stated that the facility kept a separate training binder. The surveyor discussed the facility policy dated 3/09, titled "Personnel Record" with the Administrator and the above findings. A review of a 3/09 facility policy titled "Personnel Record" indicated, "Policy Statement" "...employee records will be maintained in a confidential personnel file... Policy Interpretation and Implementation"...Each personnel record will contain... 4. Employment application, ... 6. Certification number with effective date and expiration date (if applicable); 8. References from previous employers; ... 13. Orientation records and training program records; ... "	M 421			
M 423	8:43F-6.3(f) General Services Employee health records as required by these rules shall be maintained for each employee. Employee health records shall be confidential and kept separate from personnel records and shall	M 423			

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M 423	Continued From page 5 include documentation of all medical screening tests performed and the results. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to ensure that employees provided a physical examination and/or were screened for NJ Ex Order 26.4(b)(1) upon hire for 4 of 6 sampled employees, Employee #'s 1, 2, 5 and 6. The deficient practice was evidenced by the following: 1. On 9/2/25 at 1:00 p.m., the surveyor reviewed the personnel file of Employee #1, who was hired on NJ Ex Order 26.4(b)(1). There was no documented evidence that this employee had a NJ Ex Order 26.4(b)(1) or physical examination upon hire. 2. At 1:15 p.m, the surveyor reviewed the personnel file of Employee #2, who was hired on NJ Ex Order 26.4(b)(1). There was no documented evidence that this employee had a physical examination upon hire. 3. At 1:35 p.m., the surveyor reviewed the employee file of Employee #5, who was hired on NJ Ex Order 26.4(b)(1). There was no documented evidence that this employee had a physical examination upon hire. 4. At 1:40 p.m., the surveyor reviewed the employee file of Employee #6, who was hired on NJ Ex Order 26.4(b)(1). There was no documented evidence that this employee had a TB test or physical examination upon hire. At 3:30 p.m., the surveyor interviewed the	M 423		

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M 423	Continued From page 6 Administrator and discussed the above findings. 5. On 8/7/24 during the Office of the Inspector General (OIG) survey, the surveyors observed that Employee #1 did not receive [NJ Ex Order 26.4(b)(1)] upon hire and no physical examination was completed upon employment or reemployment, Employee #2 did not have a physical examination done upon employment or reemployment and Employee #6 received [NJ Ex Order 26.4(b)(1)] on [NJ Ex Order 26.4(b)] [NJ Ex Order 26.4(b)] months after her hire date of [NJ Ex Order 26.4(b)] and her physical examination was completed on [NJ Ex Order 26.4(b)] more than [NJ Ex Order 26.4(b)] months after her hire date. A review of a facility policy dated 3/09, titled "Personnel Record" which indicated, "Policy Statement" "...employee records will be maintained in a confidential personnel file ...Employee health records will be maintained in a separate locked confidential file ..."Policy Interpretation and Implementation" ...Each personnel record will contain ...4. Employment application ...9. Records of physical examinations and physician certification that the employee is capable of performing their job and is free of tuberculosis and other disease in the communicable form ...10. Immunization records including annual Mantoux results;...18. Criminal background investigations (as required)."	M 423		
M 689	8:43F-14.17(f)(g) Physical Plant Requirements (f) Drills of emergency plans shall be conducted at least four times a year and documented, including the date, hour, description of the drill, participating staff, and signature of the person in charge. The four drills shall include at least one drill for emergencies due to fire.	M 689		

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M 689	Continued From page 7 (g) The facility shall conduct at least one drill per year for emergencies due to another type of disaster, such as storm, flood, other natural disaster, bomb threat, or nuclear accident. All staff shall participate in at least one drill annually, and program participants may take part in drills. This REQUIREMENT is not met as evidenced by: Based on interview, and record review, it was determined that the facility failed to consistently implement at least one drill annually for emergencies other than fire drills for all staff. This deficient practice was evidenced by the following: 1. On 9/2/25 at 11:50 a.m., the surveyor reviewed the facility policy titled, "Record of Emergency Drill". The surveyor did not observe any documented evidence that there were any emergency drills, other than monthly fire drills, conducted by the facility in 2024 or 2025. At 3:30 p.m., the surveyor interviewed the Administrator and discussed the above findings. The Administrator stated that the facility was up to date with the required fire drills and confirmed no additional emergency drills other than fire drills were completed. 2. On 8/7/24, during the Office of the Inspector General (OIG) survey, the facility only conducted fire drills and did not conduct any drills for other	M 689			

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M 805	Continued From page 9 participants. This deficient practice was evidenced by the following: 1. On 9/2/25 at 10:00 a.m., the surveyor toured the kitchen and food storage areas with the Food Service Director (FSD) and observed the following: a.) Ice extending from the ceiling vent in the freezer down the racks containing frozen food items b.) a puddle of water on the floor next to the refrigerator c.) a heavily cracked floor tile in the kitchen storage area d.) an extension cord hanging from the ceiling connected to temporary light source in the kitchen storage area e.) empty milk crates and empty boxes in the middle in the kitchen storage area in a disorderly manner f.) kitchen storage area cluttered with wheelchairs, garbage cans, empty bottles of cleaning supplies, and cases of napkins, cups and plate g.) 4 bottles of unopened bleach and 2 bottles of windshield washer fluid were on the same rack as 5 boxes of unopened taco shells 2. At 10:15 a.m., the surveyor interviewed the FSD who stated that he was aware of the ice in the freezer and the cracked floor tiles. The surveyor also inquired about the puddle of water outside the walk-in refrigerator, the FSD stated that the ice accumulates in the freezer from time to time during the summer when it's hot outside due to the freezer compressor. In the same interview, the FSD stated that he was not sure why there was a puddle on the floor next to the walk-in refrigerator. The FSD confirmed that	M 805			

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M 805	Continued From page 10 cleaning supplies should not be in the food storage area. 3. At 10:30 a.m., during the continued tour of the facility the surveyor observed the following: h.) stained ceiling tiles at the entrance of the activity/stage area, in the special study room and in the janitor's closet. i.) scatter rugs on the floor inside and outside of the main entrance, in addition to inside of the facility at a doorway leading out of the kitchen area. The surveyor did not observe any scatter rugs by the water cooler as was previously observed by the OIG survey on 8/7/24 j) long electrical wires and extension cords in the administrative offices but not in the social worker's office or beauty salon, which was previously observed by the OIG survey on 8/7/24. Also, the surveyor did not observe any broken items such as a TV, computer monitor and drawer as previously observed on the 8/7/24 OIG survey. k) On continued tour of the facility, the surveyor also observed a missing wall, that the grab bar was attached to, in the handicap stall of the male participant's bathroom. On 8/7/24 the OIG observed the grab bar was loose in addition to the missing wall tile. 4. At 11:30 a.m., the surveyor asked about the scatter rugs throughout the facility, the Administrator confirmed that there were rugs located throughout the facility and stated that he knew they were not allowed. The Administrator continued to say that it was the landlord of the buildings responsibility to change the ceiling tiles when there was a leak from the floor above them or from the roof. In the same interview, the	M 805			

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M 805	Continued From page 11 Administrator stated that the wall tile was missing from the bathroom wall in the handicap stall located in the male participant's bathroom. 5. During that same interview, the Administrator stated that the wires coming from the wall, ceiling and those draped on the floor were part of the facility's networking/camera/monitoring system. 6. On the 8/7/24 Office of the Inspector General (OIG) survey, the surveyors provided photographs of their observations as follows: clutter, extraneous materials in the kitchen storage and other storage room, obstructed aisles in storage rooms, multiple scatter rugs placed by the water cooler, near the front and back entrances and in the hallway, broken TV left on a table in the hallway, broken computer monitor on the floor in the special study room, and a broken drawer in an office desk, long electrical wires and extension cords found in the administrative office, social worker's office and beauty salon, heavily cracked tiles on the kitchen storage room floor, a puddle of water inside a commercial walk-in cooler that posed a safety hazard for the employees, multiple instances of water damaged ceiling tiles on the ceilings in the following areas: in the janitor's closet, special study room and activity area; broken tile for a grab bar in a bathroom and flammable materials such as paint left in an open area in the employee lounge.	M 805			
M 807	8:43F-16.6(a) Infection Control, Santation, Housekeeping A written work plan for housekeeping operations shall be established and implemented, with categorization of cleaning assignments as daily,	M 807			

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M 807	Continued From page 12 weekly, monthly, or annually within each area of the facility. This REQUIREMENT is not met as evidenced by: Based on interview, and record review, it was determined that the facility failed to maintain a written work plan for housekeeping operations to include weekly, monthly and annual cleaning schedules within each area of the facility. This deficient practice was evidenced by the following: 1. On 9/2/25 at 2:00 p.m., the surveyor reviewed a facility document titled "Cleaning schedule" which revealed the dates and times the men and women's bathroom were cleaned/disinfected between the hours of 9:00 a.m. and 5:00 p.m. At 2:30 p.m., the surveyor interviewed the facility housekeeping staff and administrative assistant who stated that there was no additional cleaning schedule for the housekeeping staff or work plan for housekeeping operations. At 3:00 p.m., the surveyor interviewed the Administrator who confirmed that the facility did not have a written work plan for housekeeping operations. On 9/9/25 at 2:00 p.m., a post survey review of an undated facility policy titled, "Housekeeping, Sanitation and Safety" revealed that..."Environment [:] A written plan for housekeeping operations shall be established and implemented, with categorization of cleaning assignments as daily, weekly, monthly or annually within each area of the Facility."	M 807			

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M 807	Continued From page 13 2. During the 8/7/24 Office of the Inspector General (OIG) survey, there was no written work plan for housekeeping operations, the bathroom cleaning schedule provided was only completed up to the date of 7/31/24, the dates from 8/1/24 to 8/7/24 were blank and there were no cleaning schedules for other areas of the facility.	M 807			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 02007	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/11/2025
NAME OF FACILITY GOOD SHEPARD ADULT DAY CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 725 VALLEY BROOK AVENUE LYNDHURST, NJ 07071	

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 M0407	Correction	ID Prefix M0421	Correction	ID Prefix M0423	Correction
Reg. # 8:43F-6.3(a)	Completed	Reg. # 8:43F-6.3(e)(1)(i)	Completed	Reg. # 8:43F-6.3(f)	Completed
LSC	12/11/2025	LSC	12/11/2025	LSC	12/11/2025
ID Prefix M0689	Correction	ID Prefix M0805	Correction	ID Prefix M0807	Correction
Reg. # 8:43F-14.17(f)(g)	Completed	Reg. # 8:43F-16.5(a)(b)(c)	Completed	Reg. # 8:43F-16.6(a)	Completed
LSC	12/11/2025	LSC	12/11/2025	LSC	12/11/2025
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 9/2/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
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