

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 02015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2025
NAME OF PROVIDER OR SUPPLIER GOLDEN ADULT DAY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 53-57 WEST FORT LEE ROAD BOGOTA, NJ 07603		
(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: Expansion Census: 1st Shift- 119 2nd Shift- 93 Sample Size: 4 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 001	8:43F-1.1 Scope and purpose The rules in this chapter pertain to all facilities that provide adult day health services, regardless of the source of payment. These rules constitute the basis for the licensure of adult day health services facilities by the New Jersey Department of Health and Senior Services. The Medicaid rules for adult day health services are contained in N.J.A.C. 8:86 Adult day health services facilities provide specialized, integrated care to participants in order to assist them in reaching the functional levels of which they are capable, as well as to protect their health and safety. The purpose of this chapter is to establish minimum rules to which an adult day health service facility must adhere to be licensed to operate in New Jersey. An adult day health services facility that is a Medicaid provider shall also comply with the rules at N.J.A.C. 8:86	M 001		

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

TITLE

(X6) DATE

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M 001	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of pertinent facility documents it was determined that the facility failed to provide specialized and integrated care to participants to protect their health and safety for 4 of 4 participants reviewed, Participants #'s 1, 2, 3, and 4. This deficient practice was evidenced by the following: On 3/3/25 at 10:09 a.m., the surveyor toured the [NJ Exec Order 26] floor of the facility and observed five [NJ Exec] in the activity room. The surveyor also observed Participant #2 in one of the [NJ Exec Order 26,4b1] with his/her [NJ Exec Order 26] nearby. At that time, the surveyor did not observe any staff in or around the activity room to monitor participants that used the [NJ Exec Order 26,4]. In addition, the surveyor observed a posted document that indicated that the [NJ Exec] should be used for [NJ Ex] minutes. At 11:15 a.m. and 11:21 a.m., the surveyor interviewed the Administrator and the Director of Nursing (DON) to inquire about the temperature of the [NJ Exec Order 26,4b1] and the amount of time participants were allowed to [NJ Ex] in the [NJ Exec Order 26,4]. The DON stated that she did not know the temperature that was set for the [NJ Exec Order 26,4]. She further stated that the temperature of the [NJ Exec Order 26] was locked and that participants were not able to adjust the temperature. The Administrator stated	M 001		

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M 001	Continued From page 2 that the temperature was capped between 73-75 degrees Fahrenheit and could not go higher. The Administrator explained that a driver at the facility would set the temperature for the [NJ Exec Order 26.4b1] daily and lock the settings so that the temperature could not be adjusted. The DON and the Administrator stated that participants would stay in the [NJ Exec Order 26.4b1] for a maximum of [NJ Exec Order 26.4b1] minutes. At this time, the surveyor asked the Administrator if there was monitoring in place for the participants that used the [NJ Exec Order 26.4b1]. The Administrator stated that staff would make rounds to monitor the [NJ Exec Order 26.4b1] however, the Administrator stated that there was no documented evidence of the monitoring. In addition, the Administrator stated that the room with the [NJ Exec Order 26.4b1] had a camera and a call bell on the wall; however, the surveyor observed that the call bell was not within reach of any of the [NJ Exec Order 26.4b1]. The surveyor did not observe any monitoring or documentation in place to ensure participant safety. At 11:30 a.m., the surveyor, in the presence of the Administrator and the Driver, observed that the temperature of the [NJ Exec Order 26.4b1] could range from 86 degrees to 158 degrees Fahrenheit, and the maximum length of time the [NJ Exec Order 26.4b1] could be set at was 120 minutes. In addition, the surveyor observed that the temperature and time was not locked for any of the five [NJ Exec Order 26.4b1]. At 12:20 p.m., the surveyor, in the presence of a Concierge, observed Participants #'s 1, 2, 3, and 4 on video surveillance footage using the [NJ Exec Order 26.4b1] on the date of survey. The surveyor interviewed the previously mentioned participants with [NJ Exec Order 26.4b1] assistance from the facility's Marketer/Aide.	M 001		

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M 001	Continued From page 3 1. At 12:25 p.m., the surveyor interviewed Participant #2 to inquire if the participant used the [REDACTED] Participant #2 stated that he/she did use the [REDACTED] often for NJ Ex Order 26.4b1 minutes. The surveyor reviewed the Medical Record (MR) of Participant #2, which revealed the participant was admitted to the program in [REDACTED] with diagnoses of [REDACTED] 2. At 12:31 p.m., the surveyor interviewed Participant #1 to inquire if the participant used the [REDACTED] Participant #1 stated that he/she did use the [REDACTED] daily for [REDACTED] minutes for his/her NJ Ex Order 26.4b1. The surveyor reviewed the MR of Participant #1, which revealed the participant was admitted to the program in [REDACTED] with a diagnosis of [REDACTED] 3. At 12:34 p.m., the surveyor interviewed Participant #4 to inquire if the participant used the [REDACTED] Participant #4 stated that he/she did use the [REDACTED] every time he/she was present at the facility for [REDACTED] minutes. The surveyor reviewed the MR of Participant #4, which revealed the participant was admitted to the program in [REDACTED] with a diagnosis of [REDACTED] 4. At 12:38 p.m., the surveyor interviewed Participant #3 to inquire if the participant used the [REDACTED] Participant #3 stated that he/she did use the [REDACTED] occasionally for [REDACTED] minutes.	M 001		

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M 001	Continued From page 4 The surveyor reviewed the Medical Record of Participant #3, which revealed the participant was admitted to the program in NJ Exec Order 26.4b1 with a diagnosis of NJ Exec Order 26.4b1 During the previously mentioned interviews with Participants #'s 1, 2, 3, and 4, the surveyor inquired what NJ Exec Order 26.4b1 the participants used for the NJ Exec Order 26.4b1 and they all stated that they did not know the NJ Exec Order 26.4b1 used for the NJ Exec Order 26.4b1 The surveyor did not observe a physician order or care plan for use of the NJ Exec Order 26.4b1 for Participants #'s 1, 2, 3, or 4. At 5:33 p.m., the surveyor interviewed the DON a second time to inquire the reason there were no physician orders or care plans for use of the NJ Exec Order 26.4b1. The DON stated that she did not think about it and that there should have been physician orders and care plans in place. The facility did not have a Sauna Policy. On 3/3/25, the surveyor informed the Administrator that participants that used the NJ Exec Order 26.4b1 were in NJ Exec Order 26.4b1 and requested a removal plan. During the exit conference, the Administrator provided the surveyor with a removal plan that included NJ Exec Order 26.4b1 and removal of the five NJ Exec Order 26.4b1 from the facility. The five NJ Exec Order 26.4b1 were removed prior to the surveyor exiting the facility and NJ Exec Order 26.4b1 were noted upon NJ Exec Order 26.4b1	M 001		
M 223	8:43F-3.1(b)(1-7) Administration	M 223		

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M 223	Continued From page 5 (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; 4. Ensuring that all personnel are assigned duties based upon their education, training, competencies, and job descriptions; 5. Ensuring the provision of staff orientation, staff education, and ongoing staff training in accordance with N.J.A.C. 8:43F-6.3; 6. Establishing and maintaining liaison relationships and communication between facility staff and services providers and with participants and their caregivers; and 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	M 223		

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M 223	Continued From page 6 participant in accordance with N.J.A.C. 8:86. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the Administrator failed to develop and implement a policy and procedure for the use of [REDACTED] at the facility. This deficient practice was evidenced by the following: On 3/3/25 at 10:09 a.m., the surveyor toured the [REDACTED] floor of the facility and observed five [REDACTED] in the activity room. The surveyor also observed Participant #2 in one of the [REDACTED] with his/her [REDACTED] nearby. At that time, the surveyor did not observe any staff in or around the activity room to monitor participants that used the [REDACTED]. In addition, the surveyor observed a posted document that indicated that the [REDACTED] should be used for [REDACTED] minutes. At 11:15 a.m. and 11:21 a.m., the surveyor interviewed the Administrator and the Director of Nursing (DON) to inquire about the temperature of the [REDACTED] and the amount of time participants were allowed to [REDACTED] in the [REDACTED]. The DON stated that she did not know the temperature that was set for the [REDACTED]. She further stated that the temperature of the [REDACTED] was locked and that participants were not able to adjust the temperature. The Administrator stated that the temperature was capped between 73-75	M 223		

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M 223	Continued From page 7 degrees Fahrenheit and could not go higher. The Administrator explained that a driver at the facility would set the temperature for the [NJ Exec Order 26.4b1] daily and lock the settings so that the temperature could not be adjusted. The DON and the Administrator stated that participants would stay in the [NJ Exec Order 26.4b1] for a maximum of [NJ Exec Order 26.4b1] minutes. At this time, the surveyor asked the Administrator if there was monitoring in place for the participants that used the [NJ Exec Order 26.4b1]. The Administrator stated that staff would make rounds to monitor the [NJ Exec Order 26.4b1] however, the Administrator stated that there was no documented evidence of the monitoring. In addition, the Administrator stated that the room with the [NJ Exec Order 26.4b1] had a camera and a call bell on the wall; however, the surveyor observed that the call bell was not within reach of any of the [NJ Exec Order 26.4b1]. The surveyor did not observe any monitoring or documentation in place to ensure participant safety. At 11:30 a.m., the surveyor, in the presence of the Administrator and the Driver, observed that the temperature of the [NJ Exec Order 26.4b1] could range from 86 degrees to 158 degrees Fahrenheit, and the maximum length of time the [NJ Exec Order 26.4b1] could be set at was 120 minutes. In addition, the surveyor observed that the temperature and time was not locked for any of the five [NJ Exec Order 26.4b1]. At 12:20 p.m., the surveyor, in the presence of a Concierge, observed Participants #'s 1, 2, 3, and 4 on video surveillance footage using the [NJ Exec Order 26.4b1] on the date of survey. The surveyor interviewed the previously mentioned participants with [NJ Exec Order 26.4b1] assistance from the facility's Marketer/Aide. 1. At 12:25 p.m., the surveyor interviewed	M 223		

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M 223	Continued From page 8 Participant #2 to inquire if the participant used the [REDACTED] Participant #2 stated that he/she did use the [REDACTED] often for NJ Ex Order 26.4B1 minutes. The surveyor reviewed the Medical Record (MR) of Participant #2, which revealed the participant was admitted to the program in [REDACTED] with NJ Ex Order 26.4b1 [REDACTED] 2. At 12:31 p.m., the surveyor interviewed Participant #1 to inquire if the participant used the [REDACTED] Participant #1 stated that he/she did use the [REDACTED] daily for [REDACTED] minutes for his/her NJ Ex Order 26.4B1. The surveyor reviewed the MR of Participant #1, which revealed the participant was [REDACTED] NJ Ex Order 26.4B1 [REDACTED] 3. At 12:34 p.m., the surveyor interviewed Participant #4 to inquire if the participant used the [REDACTED] Participant #4 stated that he/she did use the [REDACTED] every time he/she was present at the facility for [REDACTED] minutes. The surveyor reviewed the MR of Participant #4, which revealed the participant was [REDACTED] NJ Ex Order 26.4B1 [REDACTED] 4. At 12:38 p.m., the surveyor interviewed Participant #3 to inquire if the participant used the [REDACTED] Participant #3 stated that he/she did use the [REDACTED] occasionally for [REDACTED] minutes. The surveyor reviewed the Medical Record of	M 223		

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M 223	Continued From page 9 Participant #3, which revealed the participant was NJ Ex Order 26. 4B1 During the previously mentioned interviews with Participants #'s 1, 2, 3, and 4, the surveyor inquired what NJ Exec Order 26.4b1 the participants used for the NJ Exec Order 26.4b1 and they all stated that they did not know the NJ Exec Order 26.4b1 used for the NJ Exec Order 26.4b1 The surveyor did not observe a physician order or care plan for use of the NJ Exec Order 26.4b1 for Participants #'s 1, 2, 3, or 4. At 5:33 p.m., the surveyor interviewed the DON a second time to inquire the reason there were no physician orders or care plans for use of the NJ Exec Order 26.4b1. The DON stated that she did not think about it and that there should have been physician orders and care plans in place. The facility did not have a Sauna Policy. The surveyor reviewed the facility policy titled, "Administrator," which indicated, "... The administrator will be responsible for the overall conduct and management of all program activities and staff, including but not limited to ... ensuring the development, implementation, and enforcement of all policies and procedures, including patient rights ..." (Reference: 8:43F-1.1 M-0001)	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:	M 443		

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M 443	Continued From page 10 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 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	M 443		

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M 443	Continued From page 11 goals and defining the effectiveness of the nursing component of the individualized plan of care. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of pertinent facility documents it was determined that the facility's Registered Nurse (RN) failed to communicate the use of [NJ Exec Order 26] at the facility to attending physicians and also failed to develop the nursing component of the individualized Plan of Care (POC) in regards to the use of [NJ Exec Order 26] for 4 of 4 participants reviewed, Participants #'s 1, 2, 3, and 4. This deficient practice was evidenced by the following: On 3/3/25 at 10:09 a.m., the surveyor toured the [NJ Exec Order 26] floor of the facility and observed five [NJ Exec Order 26] in the activity room. The surveyor also observed Participant #2 in one of the [NJ Exec Order 26.4b1] with his/her [NJ Exec Order 26.4b1] nearby. At that time, the surveyor did not observe any staff in or around the activity room to monitor participants that used the [NJ Exec Order 26.4] In addition, the surveyor observed a posted document that indicated that the [NJ Exec Order 26.4] should be used for [NJ Exec Order 26.4] minutes.	M 443		

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M 443	Continued From page 12 At 11:15 a.m. and 11:21 a.m., the surveyor interviewed the Administrator and the Director of Nursing (DON) to inquire about the temperature of the [NJ Exec Order 26.4b1] and the amount of time participants were allowed to [NJ Exec Order 26.4] in the [NJ Exec Order 26.4]. The DON stated that she did not know the temperature that was set for the [NJ Exec Order 26.4]. She further stated that the temperature of the [NJ Exec Order 26.4] was locked and that participants were not able to adjust the temperature. The Administrator stated that the temperature was capped between 73-75 degrees Fahrenheit and could not go higher. The Administrator explained that a driver at the facility would set the temperature for the [NJ Exec Order 26.4] daily and lock the settings so that the temperature could not be adjusted. The DON and the Administrator stated that participants would stay in the [NJ Exec Order 26.4] for a maximum of [NJ Exec Order 26.4] minutes. At this time, the surveyor asked the Administrator if there was monitoring in place for the participants that used the [NJ Exec Order 26.4]. The Administrator stated that staff would make rounds to monitor the [NJ Exec Order 26.4] however, the Administrator stated that there was no documented evidence of the monitoring. In addition, the Administrator stated that the room with the [NJ Exec Order 26.4] had a camera and a call bell on the wall; however, the surveyor observed that the call bell was not within reach of any of the [NJ Exec Order 26.4]. The surveyor did not observe any monitoring or documentation in place to ensure participant safety. At 11:30 a.m., the surveyor, in the presence of the Administrator and the Driver, observed that the temperature of the [NJ Exec Order 26.4b1] could range from 86 degrees to 158 degrees Fahrenheit, and the maximum length of time the [NJ Exec Order 26.4] could be set at was 120 minutes. In addition, the surveyor observed that the temperature and time was not	M 443		

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(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 443	Continued From page 13 locked for any of the five [REDACTED] NJ Exec Order 26.4b1 At 12:20 p.m., the surveyor, in the presence of a Concierge, observed Participants #'s 1, 2, 3, and 4 on [REDACTED] NJ Ex Order 26. 4B1 using the [REDACTED] on the date of survey. The surveyor interviewed the previously mentioned participants with [REDACTED] NJ Exec Order 26.4b1 assistance from the facility's Marketer/Aide. 1. At 12:25 p.m., the surveyor interviewed Participant #2 to inquire if the participant used the [REDACTED] Participant #2 stated that he/she did use the [REDACTED] often for [REDACTED] NJ Ex Order 26. 4B1 minutes. The surveyor reviewed the Medical Record (MR) of Participant #2, which revealed the participant was [REDACTED] NJ Ex Order 26. 4B1 [REDACTED] [REDACTED] [REDACTED]. 2. At 12:31 p.m., the surveyor interviewed Participant #1 to inquire if the participant used the [REDACTED] Participant #1 stated that he/she did use the [REDACTED] daily for [REDACTED] NJ Ex Order 26. 4B1 minutes for his/her [REDACTED] NJ Ex Order 26. 4B1. The surveyor reviewed the MR of Participant #1, which revealed the participant was [REDACTED] NJ Ex Order 26. 4B1 [REDACTED] [REDACTED]. 3. At 12:34 p.m., the surveyor interviewed Participant #4 to inquire if the participant used the [REDACTED] Participant #4 stated that he/she did use the [REDACTED] every time he/she was present at the facility for [REDACTED] NJ Ex Order 26. 4B1 minutes.	M 443		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 02015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/03/2025
NAME OF PROVIDER OR SUPPLIER GOLDEN ADULT DAY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 53-57 WEST FORT LEE ROAD BOGOTA, NJ 07603		
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M 443	Continued From page 14 The surveyor reviewed the MR of Participant #4, which revealed the participant was <u>NJ Ex Order 26. 4B1</u> 4. At 12:38 p.m., the surveyor interviewed Participant #3 to inquire if the participant used the <u>NJ Exec Order 2</u> Participant #3 stated that he/she did use the <u>NJ Exec Order</u> occasionally for <u>NJ Ex</u> minutes. The surveyor reviewed the Medical Record of Participant #3, which revealed the participant was <u>NJ Ex Order 26. 4B1</u> During the previously mentioned interviews with Participants #'s 1, 2, 3, and 4, the surveyor inquired what <u>NJ Exec Order 26.4b1</u> the participants used for the <u>NJ Exec Order 2</u> and they all stated that they did not know the <u>NJ Exec Order 26.4b1</u> used for the <u>NJ Exec Order 2</u> The surveyor did not observe a physician order or care plan for use of the <u>NJ Exec Order</u> for Participants #'s 1, 2, 3, or 4. At 5:33 p.m., the surveyor interviewed the DON a second time to inquire the reason there were no physician orders or care plans for use of the <u>NJ Exec Order 26.4</u> The DON stated that she did not think about it and that there should have been physician orders and care plans in place. The facility did not have a Sauna Policy. The surveyor reviewed the facility policy titled, "Nursing Services," which indicated, "... The registered nurse will be responsible for, but not limited to ... development of a restorative nursing plan ... alerting others involved in the recipient's	M 443		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 02015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/03/2025
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M 443	Continued From page 15 care about changes in status and the need to change the plan of care ..." In addition, the surveyor reviewed the facility's policy titled, "Development and Implementation of Care Plans and Discharges," which indicated, "... The plan of care shall include, but not be limited to, the following ... 4. Orders for treatment services, medications, and diet, if needed; and 5. The time intervals at which the participant's response to treatment will be reviewed. The complete plan of care shall include, if appropriate, rehabilitative/restorative measures, preventive intervention, and training and teaching of self-care." Lastly, the surveyor reviewed the facility's policy titled, "Mechanisms for referral of patients to other health care providers in order to provide," which indicated, "... Medical orders for treatment of recipients must include medication, diet, activities not permitted, and therapies if any ..." (Reference: 8:43F-1.1 M-0001)	M 443		
M 479	8:43F-8.1(a)(6) Medical Services (a) Medical services shall be provided as follows: 6. The attending physician, advanced practice nurse or physician assistant shall provide medical orders for treatment of participants, which shall include medication; diet; activities permitted; therapies, such as physical therapy, occupational therapy, and speech- language pathology services; and other services as necessary (that is, laboratory tests, dental, etc.).	M 479		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 02015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/03/2025
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M 479	Continued From page 16 This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of pertinent facility documents it was determined that the facility failed to ensure physician orders were provided for use of [REDACTED] by participants during program hours for 4 of 4 participants reviewed, Participants #'s 1, 2, 3, and 4. This deficient practice was evidenced by the following: On 3/3/25 at 10:09 a.m., the surveyor toured the second floor of the facility and observed five [REDACTED] in the activity room. The surveyor also observed Participant #2 in one of the [REDACTED] At 11:15 a.m. and 11:21 a.m., the surveyor interviewed the Administrator and the Director of Nursing (DON) to inquire about the temperature of the [REDACTED] and the amount of time participants were allowed to [REDACTED] in the [REDACTED]. The DON stated that she did not know the temperature that was set for the [REDACTED]. She further stated that the temperature of the [REDACTED] was locked and that participants were not able to adjust the temperature. The Administrator stated that the temperature was capped between 73-75 degrees Fahrenheit and could not go higher. The Administrator explained that a driver at the facility would set the temperature for the [REDACTED] daily and lock the settings so that the temperature could not be adjusted. The DON and the	M 479		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 02015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/03/2025
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M 479	Continued From page 17 Administrator stated that participants would stay in the [REDACTED] for a maximum of [REDACTED] minutes. At 11:30 a.m., the surveyor, in the presence of the Administrator and the Driver, observed that the temperature of the [REDACTED] could range from 86 degrees to 158 degrees Fahrenheit, and the maximum length of time the [REDACTED] could be set at was 120 minutes. In addition, the surveyor observed that the temperature and time was not locked for any of the five [REDACTED] At 12:20 p.m., the surveyor, in the presence of a Concierge, observed Participants #'s 1, 2, 3, and 4 on video surveillance footage using the [REDACTED] on the date of survey. The surveyor interviewed the previously mentioned participants with [REDACTED] assistance from the facility's Marketer/Aide. 1. At 12:25 p.m., the surveyor interviewed Participant #2 to inquire if the participant used the [REDACTED] Participant #2 stated that he/she did use the [REDACTED] often for NJ Ex Order 26. 4B1 minutes. The surveyor reviewed the Medical Record (MR) of Participant #2, which revealed the participant was NJ Ex Order 26. 4B1 [REDACTED] [REDACTED] [REDACTED]. 2. At 12:31 p.m., the surveyor interviewed Participant #1 to inquire if the participant used the [REDACTED] Participant #1 stated that he/she did use the [REDACTED] daily for [REDACTED] minutes for his/her NJ Ex Order 26. 4B1. The surveyor reviewed the MR of Participant #1,	M 479		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 02015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/03/2025
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M 479	Continued From page 18 which revealed the participant was NJ Ex Order 26. 4B1 NJ Ex Order 26. 4B1. 3. At 12:34 p.m., the surveyor interviewed Participant #4 to inquire if the participant used the NJ Ex Order 26. 4B1. Participant #4 stated that he/she did use the NJ Ex Order 26. 4B1 every time he/she was present at the facility for NJ Ex Order 26. 4B1 minutes. The surveyor reviewed the MR of Participant #4, which revealed the participant was NJ Ex Order 26. 4B1 NJ Ex Order 26. 4B1 4. At 12:38 p.m., the surveyor interviewed Participant #3 to inquire if the participant used the NJ Ex Order 26. 4B1. Participant #3 stated that he/she did use the NJ Ex Order 26. 4B1 occasionally for NJ Ex Order 26. 4B1 minutes. The surveyor reviewed the Medical Record of Participant #3, which revealed the participant was NJ Ex Order 26. 4B1 NJ Ex Order 26. 4B1 During the previously mentioned interviews with Participants #'s 1, 2, 3, and 4, the surveyor inquired what NJ Ex Order 26. 4B1 the participants used for the NJ Ex Order 26. 4B1 and they all stated that they did not know the NJ Ex Order 26. 4B1 used for the NJ Ex Order 26. 4B1 The surveyor did not observe a physician order or care plan for use of the NJ Ex Order 26. 4B1 for Participants #'s 1, 2, 3, or 4. At 5:33 p.m., the surveyor interviewed the DON a second time to inquire the reason there were no physician orders or care plans for use of the NJ Ex Order 26. 4B1. The DON stated that she did not think	M 479		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 02015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/03/2025
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M 479	Continued From page 19 about it and that there should have been physician orders and care plans in place. The facility did not have a Sauna Policy. The surveyor reviewed the facility policy titled, "Mechanisms for referral of patients to other health care providers in order to provide ," which indicated, "... Medical orders for treatment of recipients must include medication, diet, activities not permitted, and therapies if any ..." (Reference: 8:43F-1.1 M-0001)	M 479		

Golden Adult Day Care

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March 24, 2025

PLAN OF CORRECTION FOR DOH SURVEY 3/3/2025

M001- Scope and Purpose

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

The corrective action was accomplished by all four clients (Participant 1, Participant 2, Participant 3, and Participant 4) being [NJ Exec Order 26.4b1] by the nursing department, vitals were all [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] was offered. All clients [NJ Exec Order 26.4b1] or [NJ Exec Order 26.4b1]

At the time of the survey, March 3, 2025, all five [NJ Exec Order 26.4b1] were removed from the building prior to the surveyor exiting the facility, eliminating any chance of potential further danger.

Date Implemented: March 3, 2025

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

All of the participants in the program had the potential to be affected by this deficient practice.

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

The facility has enacted the following changes:

- At the time of the survey, March 3, 2025, all five [NJ Exec Order 26.4b1] were removed from the building prior to the surveyor exiting the facility, eliminating any chance of potential further danger.
Completed: March 3, 2025
- The policy and procedure manual has been reviewed by the Administrator and the owners to rule out any missing policies. Completed: March 24, 2025

NJ Ex Order 26.4B1

- The call bell system has been updated to include 24 additional push button call bells to be placed around the building and within reach of participants in the activity rooms, bathrooms and quiet rooms. All participants received an in-service on the use of the call bell system.

Call Bell System update Completed and Participant In-service Completed: March 24, 2025

- A monitoring system has been established to ensure all areas of the building are being monitored and documented in a log. All staff received an in-service regarding the monitoring of the building and the use of the log.

Implemented and In-service Completed: March 24, 2025 and ongoing

- The Director of Nursing and the entire nursing staff has been educated on the need to obtain proper physician orders for services/ activities provided at the center and to include these interventions in care planning. Completed In-service: March 24, 2025

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 systemic changes.

1. The Administrator will monitor all corrective actions to ensure the deficient practice is being corrected by reviewing the Policy and Procedure Manual semi-annually to ensure accuracy.
Completed review: March 24, 2025 and ongoing review
2. A call bell system audit has been established to test the system accuracy and function every 6 months and document the test in a log. The Director of Nursing will be responsible for carrying out the test and the Administrator will review the log.
Test Completed: March 24, 2025 and ongoing testing and review
3. The Building Monitoring log will be reviewed by the Administrator monthly.
Log Implemented March 24, 2025 and ongoing log use and review.
4. The Director of Nursing will review that proper physician orders are obtained and needed care plans are implemented during the quarterly reviews of each participant.
Education Completed March 24, 2025 and ongoing review.

NJ Ex Order 26. 4B1

3/24/25

Administrator

Golden Adult Day Care

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March 24, 2025

PLAN OF CORRECTION FOR DOH SURVEY 3/3/2025

M223- Administration

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

The corrective action was accomplished by all four clients (Participant 1, Participant 2, Participant 3, and Participant 4) being [NJ Exec Order 26.4b1] by the nursing department, vitals were all [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] was offered. All clients [NJ Exec Order 26.4b1] or [NJ Exec Order 26.4b1]

At the time of the survey, March 3, 2025, all five [NJ Exec Order 26.4b1] were removed from the building prior to the surveyor exiting the facility, eliminating any chance of potential further danger.

Date Implemented: March 3, 2025

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

All of the participants in the program had the potential to be affected by this deficient practice.

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

The facility has enacted the following changes:

- At the time of the survey, March 3, 2025, all five [NJ Exec Order 26.4b1] were removed from the building prior to the surveyor exiting the facility, eliminating any chance of potential further danger.
Completed: March 3, 2025
- The policy and procedure manual has been reviewed by the Administrator and the owners to rule out any missing policies. Completed: March 24, 2025

- The call bell system has been updated to include 24 additional push button call bells to be placed around the building and within reach of participants in the activity rooms, bathrooms and quiet rooms. All participants received an in-service on the use of the call bell system.

Call Bell System update Completed and Participant In-service Completed: March 24, 2025

- A monitoring system has been established to ensure all areas of the building are being monitored and documented in a log. All staff received an in-service regarding the monitoring of the building and the use of the log.

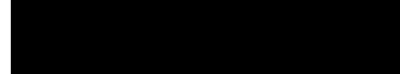
Implemented and In-service Completed: March 24, 2025 and ongoing

- The Director of Nursing and the entire nursing staff has been educated on the need to obtain proper physician orders for services/ activities provided at the center and to include these interventions in care planning. Completed In-service: March 24, 2025

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 systemic changes.

1. The Administrator will monitor all corrective actions to ensure the deficient practice is being corrected by reviewing the Policy and Procedure Manual semi-annually to ensure accuracy.
Completed review: March 24, 2025 and ongoing review
2. A call bell system audit has been established to test the system accuracy and function every 6 months and document the test in a log. The Director of Nursing will be responsible for carrying out the test and the Administrator will review the log.
Test Completed: March 24, 2025 and ongoing testing and review
3. The Building Monitoring log will be reviewed by the Administrator monthly.
Log Implemented March 24, 2025 and ongoing log use and review.
4. The Director of Nursing will review that proper physician orders are obtained and needed care plans are implemented during the quarterly reviews of each participant.
Education Completed March 24, 2025 and ongoing review.

NJ Ex Order 26. 4B1



Administrator

3/24/25

Golden Adult Day Care

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March 24, 2025

PLAN OF CORRECTION FOR DOH SURVEY 3/3/2025

M443- Nursing Services

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

The corrective action was accomplished by all four clients (Participant 1, Participant 2, Participant 3, and Participant 4) being [redacted] by the nursing department, vitals were all [redacted] NJ Exec Order 26.4b1 [redacted] was offered. All clients [redacted] NJ Exec Order 26.4b1 [redacted]

At the time of the survey, March 3, 2025, all five [redacted] NJ Exec Order 26.4b1 [redacted] were removed from the building prior to the surveyor exiting the facility, eliminating any chance of potential further danger.

Date Implemented: March 3, 2025

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

All of the participants in the program had the potential to be affected by this deficient practice.

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

The facility has enacted the following changes:

- At the time of the survey, March 3, 2025, all five [redacted] NJ Exec Order 26.4b1 [redacted] were removed from the building prior to the surveyor exiting the facility, eliminating any chance of potential further danger.
Completed: March 3, 2025
- The policy and procedure manual has been reviewed by the Administrator and the owners to rule out any missing policies. Completed: March 24, 2025

NJ Ex Order 26. 4B1

3/24/25

O Administrator

- The call bell system has been updated to include 24 additional push button call bells to be placed around the building and within reach of participants in the activity rooms, bathrooms and quiet rooms. All participants received an in-service on the use of the call bell system.

Call Bell System update Completed and Participant In-service Completed: March 24, 2025

- A monitoring system has been established to ensure all areas of the building are being monitored and documented in a log. All staff received an in-service regarding the monitoring of the building and the use of the log.

Implemented and In-service Completed: March 24, 2025 and ongoing

- The Director of Nursing and the entire nursing staff has been educated on the need to obtain proper physician orders for services/ activities provided at the center and to include these interventions in care planning. Completed In-service: March 24, 2025

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 systemic changes.

1. The Administrator will monitor all corrective actions to ensure the deficient practice is being corrected by reviewing the Policy and Procedure Manual semi-annually to ensure accuracy.
Completed review: March 24, 2025 and ongoing review
2. A call bell system audit has been established to test the system accuracy and function every 6 months and document the test in a log. The Director of Nursing will be responsible for carrying out the test and the Administrator will review the log.
Test Completed: March 24, 2025 and ongoing testing and review
3. The Building Monitoring log will be reviewed by the Administrator monthly.
Log Implemented March 24, 2025 and ongoing log use and review.
4. The Director of Nursing will review that proper physician orders are obtained and needed care plans are implemented during the quarterly reviews of each participant.
Education Completed March 24, 2025 and ongoing review.

NJ Ex Order 26. 4B1

3/24/25

Administrator

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March 24, 2025

PLAN OF CORRECTION FOR DOH SURVEY 3/3/2025

M479- Medical Services

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

The corrective action was accomplished by all four clients (Participant 1, Participant 2, Participant 3, and Participant 4) being [redacted] by the nursing department, vitals were all [redacted] NJ Exec Order 26.4b1 [redacted] was offered. All clients [redacted] NJ Exec Order 26.4b1 [redacted]

At the time of the survey, March 3, 2025, all five [redacted] NJ Exec Order 26.4b1 [redacted] were removed from the building prior to the surveyor exiting the facility, eliminating any chance of potential further danger.

Date Implemented: March 3, 2025

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

All of the participants in the program had the potential to be affected by this deficient practice.

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

The facility has enacted the following changes:

- At the time of the survey, March 3, 2025, all five [redacted] NJ Exec Order 26.4b1 [redacted] were removed from the building prior to the surveyor exiting the facility, eliminating any chance of potential further danger.
Completed: March 3, 2025
- The policy and procedure manual has been reviewed by the Administrator and the owners to rule out any missing policies. Completed: March 24, 2025

NJ Ex Order 26.4B1 3/24/25
O Administrator

- The call bell system has been updated to include 24 additional push button call bells to be placed around the building and within reach of participants in the activity rooms, bathrooms and quiet rooms. All participants received an in-service on the use of the call bell system.

Call Bell System update Completed and Participant In-service Completed: March 24, 2025

- A monitoring system has been established to ensure all areas of the building are being monitored and documented in a log. All staff received an in-service regarding the monitoring of the building and the use of the log.

Implemented and In-service Completed: March 24, 2025 and ongoing

- The Director of Nursing and the entire nursing staff has been educated on the need to obtain proper physician orders for services/ activities provided at the center and to include these interventions in care planning. Completed In-service: March 24, 2025

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 systemic changes.

1. The Administrator will monitor all corrective actions to ensure the deficient practice is being corrected by reviewing the Policy and Procedure Manual semi-annually to ensure accuracy.
Completed review: March 24, 2025 and ongoing review
2. A call bell system audit has been established to test the system accuracy and function every 6 months and document the test in a log. The Director of Nursing will be responsible for carrying out the test and the Administrator will review the log.
Test Completed: March 24, 2025 and ongoing testing and review
3. The Building Monitoring log will be reviewed by the Administrator monthly.
Log Implemented March 24, 2025 and ongoing log use and review.
4. The Director of Nursing will review that proper physician orders are obtained and needed care plans are implemented during the quarterly reviews of each participant.
Education Completed March 24, 2025 and ongoing review.

NJ Ex Order 26. 4B1

3/24/25

Administrator