

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>06002</b>                        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>09/03/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>JOY OF LIFE ADULT DAY CARE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1751 NORTH SECOND STREET<br/>MILLVILLE, NJ 08332</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                     | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ID<br>PREFIX<br>TAG                                                                              | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| M 000                                                                        | Initial Comments<br><br>Type of Survey: Monitoring/Follow-up to the 8/7/24<br>audit survey conducted by the Office of the<br>Inspector General<br><br>Census: One Session: 47<br><br>Sample Size: 4<br><br>The facility was not in substantial compliance with<br>all of the standards in the New Jersey<br>Administrative Code, Chapter 8:43F, Standards<br>for Licensure of Adult Day Health Services. The<br>facility must submit a plan of correction, including<br>a completion date, for each deficiency and ensure<br>that the plan is implemented. Failure to correct<br>deficiencies may result in enforcement action in<br>accordance with the provisions of New Jersey<br>Administrative Code, Title 8, Chapter 43E,<br>Enforcement of Licensure Regulations. | M 000                                                                                            |                                                                                                                          |                                                        |
| M 423                                                                        | 8:43F-6.3(f) General Services<br><br>Employee health records as required by these<br>rules shall be maintained for each employee.<br>Employee health records shall be confidential and<br>kept separate from personnel records and shall<br>include documentation of all medical screening<br>tests performed and the results.<br><br>This REQUIREMENT is not met as evidenced<br>by:<br>Based on interview and record review, it was<br>determined that the facility failed to ensure that<br>employees were provided a physical examination<br>upon hire. This deficient practice was evidenced<br>by the following:                                                                                                                                                   | M 423                                                                                            |                                                                                                                          |                                                        |

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

TITLE

(X6) DATE

10/13/25

New Jersey Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>JOY OF LIFE ADULT DAY CARE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1751 NORTH SECOND STREET<br/>MILLVILLE, NJ 08332</b> |                                                                                                                          |                                                        |
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| M 423                                                                        | <p>Continued From page 1</p> <p>1. On 9/3/25 at 10:26 a.m., the surveyor requested from the Program Manager (PM), who was also the Alternate Administrator, 5 employee health record files for review.</p> <p>At 10:45 a.m., the surveyor reviewed the employees' health record files which revealed that 1 of the 5 employees files did not have documented evidence of a <b>NJ Exec Order 26.4b1</b> completed.</p> <p>Employee #5 was hired on <b>NJ Ex Order 26.4(b)(1)</b> and there was no documented evidence of a <b>NJ Exec Or</b> done upon hire. This employee was the Administrator.</p> <p>At 10:50 a.m., the surveyor interviewed about the facility's procedure for maintaining employee's health record files, the Administrator stated that all employee's <b>NJ Exec Ord</b> are completed before hire, and the documentation should be in the employee health files. The Administrator further stated that sometimes, documents may be misfiled with other documents.</p> <p>2. During the OIG survey on 8/7/24, the surveyors observed 2 of 5 employees selected for review had no documented evidence of a physical examination in their files. Employee names were not provided for further review. Also, during the OIG survey, the facility failed to provide policies on the "Annual Mantoux Tuberculin Skin Test for Employees."</p> <p>The surveyor reviewed an undated facility policy and procedure titled, "Personnel Records," which indicated, "... A personnel record shall be maintained for each employee and shall be filed in a locked file cabinet in the human resources office...Each personnel record shall contain ... pre-employment physical examination; updated</p> | M 423                                                                                            |                                                                                                                          |                                                        |

New Jersey Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>JOY OF LIFE ADULT DAY CARE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1751 NORTH SECOND STREET<br/>MILLVILLE, NJ 08332</b> |                                                                                                                          |                                                        |
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| M 423                                                                        | Continued From page 2<br><br>every 10 years...These health files are maintained separately by the Director of Nursing."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | M 423                                                                                            |                                                                                                                          |                                                        |
| M 509                                                                        | 8:43F-9.2(a) Pharmaceutical Services<br><br>The facility shall establish a system to accurately identify participants before any medication is administered.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, and interview, it was determined that the facility failed to ensure that medications were accurately administered by authorized individuals to participants. This deficient practice was evidenced by the following:<br><br>1. On 9/3/25 at 1:50 p.m., the surveyor observed the Registered Nurse (RN) administered medication to a participant who was [REDACTED] and [REDACTED] NJ Ex Order 26.4(b)(1). The RN demonstrated all the rights of proper medication administration and documented appropriately.<br><br>2. On 8/7/24, during the Office of the Inspector General (OIG) survey, the surveyor observed that the facility did not use a system to accurately identify participants for medication administration. | M 509                                                                                            |                                                                                                                          |                                                        |
| M 701                                                                        | 8:43F-15.3(a)(1) Medical Records<br><br>(a) The participant's complete medical record shall include, but not be limited to, the following:<br><br>1. Participant identification data, including name, date of admission, address, date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | M 701                                                                                            |                                                                                                                          |                                                        |

New Jersey Department of Health

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| M 701                                                                        | <p>Continued From page 3</p> <p>of birth, race, religion (optional), sex, referral source, payment plan, marital status, and the name, address, and telephone number of the person(s) to be notified in an emergency, and travel directions to the participant's home.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on interview and record review, it was determined that the facility failed to maintain participant emergency contact information for 2 participants selected and failed to provide driving directions to home for one participant selected in the participant file. This deficient practice was evidenced by the following:</p> <p>1. On 9/3/25 at 1:15 p.m., the surveyor reviewed Medical Records (MRs) for 2 participants, Participant #s 1 &amp; 2. The surveyor observed that both participants had emergency contact information which included: name, address and phone number, and driving directions to the participant's homes.</p> <p>2. During the 8/7/24 OIG survey, the surveyors observed 2 participant files selected with no address on the emergency contact information, and 1 participant selected with no driving directions to home in their participant file. Participant names were not provided for further review.</p> | M 701                                                                                            |                                                                                                                          |                                                        |

New Jersey Department of Health

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| M 805                                                                        | Continued From page 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | M 805                                                                                            |                                                                                                                          |                                                        |
| M 805                                                                        | <p>8:43F-16.5(a)(b)(c) Infection Control, Santation, Housekeeping</p> <p>(a) The facility shall provide and maintain a sanitary and safe environment for participants.</p> <p>(b) The facility shall provide housekeeping and pest control services.</p> <p>(c) Written objectives, policies, a procedure manual, an organizational plan, and a quality improvement program for housekeeping, sanitation, and safety services shall be developed and implemented.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, interview, and record review, it was determined that the facility failed to maintain a sanitary and safe environment for all participants. This deficient practice was evidenced by the following:</p> <p>1. On 9/3/25 at 11:00 a.m., during the tour of the facility, with the Program Manager (PM), who was also the Alternate Administrator, the surveyor observed the following items that required repairs, and removal:</p> <p>a) <b>NJ Ex Order 26.4(b)(1)</b> on the entrance floor in a participant's bathroom and a tray on the floor in front of a toilet stall with <b>NJ Ex Order 26.4(b)(1)</b></p> | M 805                                                                                            |                                                                                                                          |                                                        |

New Jersey Department of Health

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| M 805                                                                        | <p>Continued From page 5</p> <p>b) a stained ceiling around the light fixture towards the front entrance hallway</p> <p>c) At 11:15 a.m., during the tour of the facility, the surveyor observed multiple boxes and packages of [REDACTED] stacked on the floor and on the shelves in the participant's storage closet. The surveyor also observed that access to lower shelves of the shelving units in the closet were obstructed by the boxes and objects that were stored on the floor.</p> <p>d) At 11:30 a.m., the surveyor observed [REDACTED] and [REDACTED] in a staff bathroom toilet. The surveyor asked the PM if the staff bathroom was out of order. The PM stated that she was not aware that the staff bathroom was out of order. The surveyor requested from the PM the facility's housekeeping schedules and the policy and procedures.</p> <p>e) At 11:35 a.m., the surveyor observed an out of order handwashing sink and a broken mounted soap dispenser in the game room area.</p> <p>f) At 11:40 a.m., the surveyor asked about how long the handwashing sink had been broken, and how long the soap dispenser had not been in use, the PM stated that the handwashing sink was in the process of repair, and the maintenance staff had left this area unattended. In the same interview, the surveyor asked how often maintenance rounds were conducted in the facility, and if there were any log for work orders, the PM stated that there was no log for work orders.</p> <p>g) At 12:45 p.m., the surveyor asked about who was responsible for the maintenance of the</p> | M 805                                                                                            |                                                                                                                          |                                                        |

New Jersey Department of Health

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| M 805                                                                        | <p>Continued From page 6</p> <p>facility, the Administrator stated that the facility called contractors to fix equipment that required repairs. In the same interview, the surveyor asked about the stained ceiling around the light fixture, the Administrator stated that a contractor had been to the facility inspected and repaired the leak on the ceiling.</p> <p>2. On 8/7/24, during the Office of the Inspector General (OIG) survey, the surveyors observed the following: instances of dirty and unsanitary conditions, a faucet that was not in service, a hole in the wall of one participant area, a box of needles in one of the hallways next to the facilities entrance and ceiling tiles that had water damage in various locations throughout the facility.</p> <p>The surveyor reviewed an undated facility policy titled, "Sanitation and Housekeeping" which indicated, " ...6. All furnishings shall be clean and in good repair...Broken or worn items shall be repaired, replaced, or removed promptly...7. All equipment shall have unobstructed space provided for operation; ... 17. Toilet tissue, soap dispenser...shall be provided in each bathroom at all times; ... Housekeeping Service Area [:] The Administrator shall assure that all contracts are maintained with pest control, maintenance and housekeeping services and/or assure that services are provided as needed."</p> | M 805                                                                                            |                                                                                                                          |                                                        |

# STATE FORM: REVISIT REPORT

|                                                             |                                                                                          |                               |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER<br>06002 | MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                          | DATE OF REVISIT<br>10/27/2025 |
| NAME OF FACILITY<br>JOY OF LIFE ADULT DAY CARE CENTER       | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1751 NORTH SECOND STREET<br>MILLVILLE, NJ 08332 |                               |

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<br>Y4                 | DATE<br>Y5 | ITEM<br>Y4          | DATE<br>Y5 | ITEM<br>Y4              | DATE<br>Y5 |
|----------------------------|------------|---------------------|------------|-------------------------|------------|
| ID Prefix M0423            | Correction | ID Prefix M0509     | Correction | ID Prefix M0701         | Correction |
| Reg. # 8:43F-6.3(f)        | Completed  | Reg. # 8:43F-9.2(a) | Completed  | Reg. # 8:43F-15.3(a)(1) | Completed  |
| LSC                        | 10/27/2025 | LSC                 | 10/27/2025 | LSC                     | 10/27/2025 |
| ID Prefix M0805            | Correction | ID Prefix           | Correction | ID Prefix               | Correction |
| Reg. # 8:43F-16.5(a)(b)(c) | Completed  | Reg. #              | Completed  | Reg. #                  | Completed  |
| LSC                        | 10/27/2025 | LSC                 |            | LSC                     |            |
| ID Prefix                  | Correction | ID Prefix           | Correction | ID Prefix               | Correction |
| Reg. #                     | Completed  | Reg. #              | Completed  | Reg. #                  | Completed  |
| LSC                        |            | LSC                 |            | LSC                     |            |
| ID Prefix                  | Correction | ID Prefix           | Correction | ID Prefix               | Correction |
| Reg. #                     | Completed  | Reg. #              | Completed  | Reg. #                  | Completed  |
| LSC                        |            | LSC                 |            | LSC                     |            |
| ID Prefix                  | Correction | ID Prefix           | Correction | ID Prefix               | Correction |
| Reg. #                     | Completed  | Reg. #              | Completed  | Reg. #                  | Completed  |
| LSC                        |            | LSC                 |            | LSC                     |            |

|                                                      |                           |      |                       |      |
|------------------------------------------------------|---------------------------|------|-----------------------|------|
| REVIEWED BY<br>STATE AGENCY <input type="checkbox"/> | REVIEWED BY<br>(INITIALS) | DATE | SIGNATURE OF SURVEYOR | DATE |
| REVIEWED BY<br>CMS RO <input type="checkbox"/>       | REVIEWED BY<br>(INITIALS) | DATE | TITLE                 | DATE |

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| FOLLOWUP TO SURVEY COMPLETED ON<br>9/3/2025 | <input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|