

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/02/2025
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

CARE FOREVER ADULT DAY CARE CENTER

**7 PROGRESS STREET
EDISON, NJ 08820**

(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: 108 Sample Size: 3 The facility was not in substantial compliance with all of the standards in the New Jersey Administrative Code, Chapter 8:43F, Standards for Licensure of Adult Day Health Services. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	M 000		
M 223	8:43F-3.1(b)(1-7) Administration (b) The administrator shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including participant rights; 2. Planning and administering the managerial, operational, fiscal, and reporting components of the facility; 3. Participating in the quality improvement program for participant care and staff performance; 4. Ensuring that all personnel are assigned duties based upon their education, training,	M 223		

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

TITLE

(X6) DATE

New Jersey Department of Health

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M 223	Continued From page 1 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 participant in accordance with N.J.A.C. 8:86. This REQUIREMENT is not met as evidenced by: Based on interview and review of pertinent facility documents, it was determined that the facility's Administrator failed to ensure the implementation and enforcement of the facility's Policy and Procedure (P&P) titled, "Administrative Policies and Procedures- Operations Policy and Procedure Manual," when the Administrator did not review the facility's P&P manual annually. This deficient practice was evidenced by the	M 223		

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M 223	Continued From page 2 following: On 9/2/25, the surveyor reviewed the facility's P&P manual, which revealed that the Administrator last "reviewed and accepted" the P&P manual on 3/21/19. At 4:04 p.m., the surveyor interviewed the Administrator to inquire how often the P&P manual was reviewed, and the Administrator stated that the manual was reviewed if there were any changes to the P&P manual. The surveyor reviewed the facility's P&P titled, "Administrative Policies and Procedures-Operations Policy and Procedure Manual," which indicated, "... 3. The policy and procedure manual will be reviewed on an annual basis by the administrator or designee ..."	M 223			
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 include documentation of all medical screening tests performed and the results. 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 failed to ensure employee health records were maintained for 5 of 11 employees reviewed, Employee #s 5, 6, 8, 9, and 11. This deficient practice was evidenced by the following:	M 423			

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M 423	Continued From page 3 On 9/2/25, the surveyor reviewed the employee health records of 11 employees, which revealed the following: Employee #5, the Director of Transportation, did not have a NJ Exec Order 26.4b1 or a NJ Ex Order 26.4(b)(1) test to screen for NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) Employee #6, the Director of Food Services, did not have a NJ Exec Or or NJ Ex Order Employee #8, a Driver, did not have a NJ Exec Ord or NJ Ex Order Employee #9, the Social Worker, did not have a NJ Ex Order Employee #11, the Director of Nursing, did not have a NJ Ex Order At 4:04 p.m., the surveyor interviewed the Administrator to inquire who was responsible for employee file maintenance, and the Administrator stated that he was. The surveyor then inquired the reason the previously mentioned employees were missing health records. The Administrator stated that Employee #6 was recently hired and that she was in the process of obtaining a NJ Exec Ord and NJ Ex Order. In addition, the Administrator stated that Employees #5 and #8 forgot to get a NJ Exec Ord and NJ Ex Order and that he would remind them. The surveyor inquired about the NJ Ex Order for Employee #9 and Employee #11, and the Administrator stated that he would make sure it gets done. The surveyor reviewed the facility's policy and procedure titled, "Administrative Policies and	M 423		

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M 423	Continued From page 4 Procedures-Employee," which indicated, "... 3. A current, complete employee record shall include ... Employee physical exam report including TB test results ... 5. Employee records will be managed, secured, updated, and maintained by administrator or designee ..." The surveyor also reviewed the facility's policy and procedure titled, "Personnel- Employee Health," which indicated, "PROCEDURES: 1. Employee health records are maintained for each employee ..." The policy and procedure also indicated that the health records would contain at a minimum, a physical, annual Mantoux test (also known as a PPD test), influenza immunizations, and any other medical screenings within two weeks prior to the employee's start date or upon employment.	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. (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.	M 689		

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M 689	Continued From page 5 This REQUIREMENT is not met as evidenced by: Type of Survey: Expansion Census: 108 Based on observation, interview, and document review, it was determined that the facility failed to conduct 2 of 4 quarterly emergency drills for the year 2025. This has the potential to affect 108 of 108 participants. This deficient practice was evidenced by the following: On 9/2/25 at 11:25 a.m. during document review, the surveyor observed that the facility conducted one emergency drill dated 8/29/25. At 11:34 a.m., the surveyor interviewed the Administrator (Admin) regarding additional emergency drills, the Admin stated that she believed they had completed multiple emergency drills, but only found the drill dated 8/29/25.	M 689		



Accepted & Received
11/20/25
NJ Ex Order 26.4(b)(1)

Care Forever Adult Day Care Center LLC
7 Progress Street, Edison NJ 08820
Ph 732-646-8483 Fax 732-993-7074

Response to NJ Department of Health---Expansion Project---SOD

Tag: M223—8:43F-3.1(b)9-7) Administration

Deficiency: The Administrator did not complete the required annual review of the facility's Policies & Procedures (last review 03/21/2019) despite policy requiring annual review.

Corrective Actions for clients affected by the deficient practice.

No direct harm identified; however, to protect all participants, the Administrator has completed a comprehensive review and re-approval of the full Administrative Policies & Procedures—Operations Policy and Procedure Manual on 09/04/2025. Updated /clarified procedures were communicated to department heads on 09/04/2025 by the Administrator. NJ Ex Order 26.4(b)(1)

How the facility will identify other clients who have the potential to be affected by the deficient practice

A review was conducted to identify any participant-facing policies that could impact safety, rights, or services. All department heads did not find any participant adversely affected on 09/05/2025. All staff members were updated on [redacted] and [redacted] test and [redacted] test and need of Xray in certain cases on 09/05/2025 by the Administrator. NJ Ex Order 26.4(b)(1)

Systemic changes to ensure that deficient practice does not recur

Implemented policy management with an annual review calendar, version control, and a change-impact checklist requiring staff notification/training when policies are revised. Policy review Committee including Administrator and Medical Director, will be meeting quarterly to discuss the needs of Facility from 09/04/2025 onwards.

Monitoring Procedure

Policy review committee will meet to discuss the policy and other needs quarterly from 09/04/2025 onwards confirming 100% on time-annual reviews and proof of staff notification/training when policies change.

Date of completion

October 24, 2025.

Individuals Responsible

Administrator
[redacted] NJ Ex Order 26.4(b)(1)



Care Forever Adult Day Care Center LLC
7 Progress Street, Edison NJ 08820
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Tag: M423—8:43F-6.3(f) Employee Health Records

Deficiency: Missing health records (H&P &/or PPD) for Employees #5, #6, #8, #9, #11 ; health files must be complete, confidential, and separate.

Corrective action for clients affected by the deficient practice.

Employees #5, #6, #8, #9, #11 were immediately removed from participant contact until compliant.

Employee #5 [redacted] completed medical clearance including [redacted] and [redacted] test on 09/08/2025. He was [redacted] from [redacted] NJ Exec Order 26.4b1

Employee #6 [redacted] completed medical clearance on 09/05/2025. She was [redacted] from [redacted] NJ Exec Order 26.4b1

Employee #8 [redacted] completed medical clearance on 09/09/2025. He was [redacted] from [redacted] NJ Exec Order 26.4b1

Employee #9 [redacted] completed medical clearance on 09/08/2025. She was [redacted] from [redacted] NJ Exec Order 26.4b1

Employee #11 DON [redacted] had completed medical clearance [redacted] test and [redacted] on 02/01/2025 but was unable to show you her papers on the day of survey.

How the facility will identify other clients who have the potential to be affected by the deficient practice.

Conducted a 100% audit of all employees' health files to verify H&P, TB, and Immunization records on 09/05/2025. All staff members were updated on H&P and TB test and [redacted] test and need of Xray in certain cases on 09/05/2025 by the Administrator [redacted] NJ Ex Order 26.4(b)(1)

Systemic changes to ensure that deficient practice does not recur

Adopted an Employee Health & Onboarding Checklist, implemented a secure Employee Health Tracker, and assigned DON as Employee Health Lead on 09/05/2025 by the Administrator [redacted] NJ Ex Order 26.4(b)(1)

Monitoring procedure

Weekly tracker review until 100% compliance sustained for 60 days, then monthly ongoing random 10% files audit for six months, then quarterly. The process started on 09/05/2025.

Date of completion

October 24, 2025.

Individuals responsible

Director of Nursing, Administrator.
[redacted] NJ Ex Order 26.4(b)(1)



Care Forever Adult Day Care Center LLC
7 Progress Street, Edison NJ 08820
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Tag: M689—8:43F-14.17(f)(g) Emergency Drills

Deficiency: Facility did not conduct 2 of the 4 required quarterly emergency drills in 2025; at least one must be a fire drill and at least one other disaster type annually; all staff must participate in at least one annually.

Corrective action for clients affected by the deficient practice

Conducted make up fire drill on 10/09/2025 at 11:20 am for First Shift by Activity Director [NJ Ex Order 26.4(b)(1)] and supervision by Administrator [NJ Ex Order 26.4(b)(1)]. The Second Shift fire drill was conducted similarly at 3:00 pm on 10/09/2025.

The next emergency preparedness drill is scheduled on 12/08/2025 for both shifts. Activity Director [NJ Ex Order 26.4(b)(1)] was briefed by the Administrator [NJ Ex Order 26.4(b)(1)] on 09/04/2025 to schedule fire drills in second week of March, June, September months every year and emergency preparedness drill in December every year.

How the facility will identify other clients who have the potential to be affected by the deficient practice

Verified participants with different routes and assistance levels for evacuation; updated mobility/assistive device rosters and posted them at Nurse station and Transportation desk on 09/04/2025 by DON [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)] Dir of Transportation.

Systemic changes to ensure that deficient practice does not recur

Published an annual drill calendar with fixed dates each quarter. Activity Director [NJ Ex Order 26.4(b)(1)] was briefed by the Administrator [NJ Ex Order 26.4(b)(1)] on 09/04/2025 to schedule fire drills in second week of March, June, September and December months every year.

Monitoring procedure

Administrator sends reminders 30 days/ 7 days/ 1 day before each drill and logs completion within 24 hours. QI Coordinator audits drill quarterly to verify 4/4 drills per year and staff participation.

Date of Completion

October 24, 2025

Individuals Responsible

Administrator, Department Heads.

[NJ Ex Order 26.4(b)(1)]

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 13013	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/20/2025
NAME OF FACILITY CARE FOREVER ADULT DAY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7 PROGRESS STREET EDISON, NJ 08820

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix M0223	Correction	ID Prefix M0423	Correction	ID Prefix M0689	Correction
Reg. # 8:43F-3.1(b)(1-7)	Completed	Reg. # 8:43F-6.3(f)	Completed	Reg. # 8:43F-14.17(f)(g)	Completed
LSC	11/20/2025	LSC	11/20/2025	LSC	11/20/2025
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	
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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