

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/27/2024
NAME OF PROVIDER OR SUPPLIER MATAWAN ADULT DAY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3996 COUNTY ROAD 516 MATAWAN, NJ 07747		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	Initial Comments Type of Survey: Complaint Complaint#: NJ00174557 Census: A.M.-42 P.M.-65 Sample Size: 5 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 221	8:43F-3.1(a) Administration The license holder shall appoint an administrator who is a full-time employee of the facility. The administrator, or an alternate who shall be designated in writing to act in the absence of the administrator, shall be available on the premises of the facility during the hours when participant care services are being provided.	M 221		

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

TITLE

(X6) DATE

07/27/24

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M 221	Continued From page 1 This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00174557 Based on observation and interview it was determined that the facility failed to ensure an Administrator or Alternate Administrator (AA) was present at the facility during participants programing hours for 22 of 42 participants as evidenced by the following: On 6/27/2024 at 9:01 a.m., the surveyor arrived at the facility and inquired the whereabouts of the Administrator. A Registered Nurse (RN) stated that the Administrator was on her way to the facility and that the Alternate Administrator (AA) was also not available. The RN then informed the Director of Nursing (DON) who also stated that the Administrator was on her way and explained that the AA was scheduled off. At 9:30 a.m. the Administrator arrived and at 9:55 a.m., the surveyor interviewed the Administrator regarding not having an Administrator or AA present during participants' programming hours. The Administrator stated that she is usually at the facility by 8:00 a.m., and explained that the Director of Social Work was designated as the AA but was scheduled off.	M 221			
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;	M 223			

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M 223	Continued From page 2 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 participant in accordance with N.J.A.C. 8:86.	M 223		

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M 223	Continued From page 3 This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00174557 Based on observation, interview, record review, and pertinent facility document, it was determined that the facility Administrator failed to implement and enforce the policy and procedure titled, "Emergencies in Transportation Van" regarding an incident that occurred on [REDACTED] during transportation for 1 of 5 participants reviewed, Participant #3. This deficient practice was evidenced by the following: On 6/27/24, the Department of Health (DOH) investigated a Reportable Event Report (RER) received from the facility on [REDACTED] which [REDACTED] NJ ex order 26.4b1 [REDACTED]. According to the report, Participant #3 [REDACTED] NJ ex order 26.4b1 [REDACTED]. The report also indicated that the TD drove back to the facility and informed a Registered Nurse who [REDACTED] NJ ex order 26.4b1 [REDACTED]. The participant was transported [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] for further evaluation. No other participants were injured. At 10:30 a.m., the surveyor reviewed the Medical Record of Participant #3 which revealed Participant #3 [REDACTED] NJ ex order 26.4b1 [REDACTED] with a diagnosis which included [REDACTED] NJ ex order 26.4b1 [REDACTED]. According to the RER the [REDACTED] NJ ex order 26.4b1 [REDACTED]. The surveyor observed the participant at the facility [REDACTED] NJ ex order 26.4b1 [REDACTED].	M 223		

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M 223	Continued From page 4 NJ ex order 26.4b1 At 11:38 a.m., the surveyor interviewed Participant #3 who stated that he/she NJ ex order 26.4b1 despite the TD asking the participants to NJ Ex Order 26.4b1 prior to departure. During continued interview, Participant #3 stated that he/she NJ ex order 26.4b1. Participant #3 explained that when the NJ ex order 26.4b1 At 12:00 p.m., the surveyor interviewed Participant #5 who stated that he/she NJ ex order 26.4b1. Participant #5 stated that the TD asked all participants in the NJ Ex Order 26.4(b)(1) to NJ ex order 26.4b1 prior to driving off and the NJ ex order 26.4b1. Additionally, Participant #5 NJ ex order 26.4b1. Participant #5 stated that he/she NJ ex order 26.4b1. At 12:12 p.m., the surveyor interviewed Participant #2 NJ ex order 26.4b1 to Participant #3. Participant #2 stated that he/she NJ ex order 26.4b1 however, the participant stated that Participant #3 NJ ex order 26.4b1 At 12:18 p.m. and at 12:27 p.m., the surveyor interviewed Participant #1 and Participant #4 regarding the NJ ex order 26.4b1. Both participants stated that they NJ ex order 26.4b1	M 223		

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M 223	Continued From page 5 Additionally, the participants stated that [REDACTED] NJ ex order 26.4b1 At 2:25 p.m., the surveyor observed a statement dated [REDACTED] signed by the TD. The statement revealed, "... NJ ex order 26.4b1 [REDACTED] At 3:00 p.m., the surveyor interviewed the Administrator regarding the policy on "NJ ex order 26.4b1 [REDACTED]." The Administrator confirmed that per policy the TD NJ ex order 26.4b1 when he realized Participant #3 NJ ex order 26.4b1 [REDACTED] Review of the facility policy and procedure titled, "Emergencies in Transportation Van" indicated, "If an emergency occurs during the NJ Ex Order 26.4(b)(1) [REDACTED], the NJ Ex Order 26.4(b)(1) [REDACTED] via the cell phone that is provided to each driver. Once the police/ambulance arrive at the scene, the driver will then immediately contacts the Administrator or DON [Director of Nursing]" via the center..."	M 223		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 13022	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/27/2024
NAME OF FACILITY MATAWAN ADULT DAY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3996 COUNTY ROAD 516 MATAWAN, NJ 07747	

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 M0221	Correction	ID Prefix M0223	Correction	ID Prefix	Correction
Reg. # 8:43F-3.1(a)	Completed	Reg. # 8:43F-3.1(b)(1-7)	Completed	Reg. #	Completed
LSC	07/19/2024	LSC	07/30/2024	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	
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 6/27/2024		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			