

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25477	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/13/2024
NAME OF PROVIDER OR SUPPLIER COURTYARD ADULT DAY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 111 WEST MAIN STREET CLINTON, NJ 08809		
(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: Initial Slots: 105 Census: 0 Sample Size: 0 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 155	8:43F-2.1(a)(7) Licensure Procedures Approval of a project proposal shall be contingent upon a review of the applicant's track record, in accordance with N.J.A.C. 8:43E-5.1(b), and compliance with this chapter. All applicants shall demonstrate that they have the capacity to operate an adult day health services facility in accordance with the rules in this chapter. An application for a license or change in service shall be denied if that applicant cannot demonstrate that the premises, equipment, personnel, including principals and management, finances, rules and bylaws, and standards of health care are fit and adequate and that the health care facility will be operated in accordance with the standards required by these rules.	M 155		

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

TITLE

(X6) DATE

12/06/24

New Jersey Department of Health

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M 155	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and review of facility documents, it was determined that the facility failed to meet the minimum staffing requirement to provide direct care services and supervision to participants of the Adult Day Health Services program. In addition, the facility failed to ensure its premises and equipment met all requirements to safely operate the facility and ensure free from fire safety hazards. This deficient practice was evidenced by the following: 1. On 11/12/2024 at 9:35 a.m., the surveyor arrived at the facility to conduct an Initial Survey. During the entrance conference, the surveyor requested the employees' personnel and health files for review. At 9:55 a.m., the surveyor observed that the two Direct Care Team Member (DCTM) files provided were employed at the Assisted Living facility which is located within the same building as this Adult Medical Day Center (AMDC). At 10:09 a.m., the surveyor interviewed the Director of Operations (DO), who was also the Alternate Administrator for the AMDC. The surveyor inquired about the two DCTM's employee files. The DO confirmed that the two DCTMs were hired for the Assisted Living facility and that there were no DCTMs hired for the AMDC at that time. Additionally, the DO explained that they were not going to hire DCTMs until the NJ Ex Order 26.4B1	M 155		

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M 155	Continued From page 2 NJ Ex Order 26. 4B1. When the surveyor asked about the opening of the facility, the DO explained that they were aiming to open the AMDC in January 2025, after obtaining a NJ Ex Order 26. 4B1. The surveyor reviewed the facility's policy titled, "Staffing Policies" which revealed, "... In order to provide services and supervision of our participants during all program hours, our facility provides at least one full-time, or full-time equivalent, direct care staff member for every nine non-severely impaired participants at the adult day care site. ..." 2. The facility failed to comply and inspect 2 of 5 fire extinguishers annually as required by the National Fire Protection Association NFPA 101, 2012 Edition, Section 19.3.5.12, 9.7.4.1, and the National Fire Protection Association (NFPA) 10, 2010 Edition, Sections 6.1, 6.1.3.8.1 and 6.1.3.8.3, and N.J.A.C. 5:70. Refer to tag: N.J.A.C. 8:43F -14.1(a) 3. The facility failed to provide proper fire sprinkler coverage to all areas of the facility, including the storage closet in the Main Dining/Activity area, as required by the New Jersey Uniform Construction Code N.J.A.C. 5:23, for use group I occupancy. Refer to tag: N.J.A.C. 8-14.17(a) During the inspection survey on 11/12/24 and 11/13/24, the facility was not able to provide evidence that it was ready to provide adult day health services and was capable of operating in accordance with all regulations.	M 155		

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M 597	Continued From page 3	M 597		
M 597	8:43F-14.1(a) Physical Plan Requirements Construction standards for freestanding facilities for new buildings and alterations, renovations, and additions to existing buildings for freestanding adult health services facilities shall comply with N.J.A.C. 5:23-3.2 of the New Jersey Uniform Construction Code; the New Jersey Uniform Fire Code, N.J.A.C. 5:70; and with N.J.A.C. 5:23-7, the Barrier-Free Subcode of the New Jersey Uniform Construction Code. This REQUIREMENT is not met as evidenced by: Based on observation and review of facility provided documentation on 11/13/2024 in the presence of facility management, it was determined the facility failed to provide proper fire sprinkler coverage to all areas of the facility, as required by the New Jersey Uniform Construction Code N.J.A.C. 5:23, for use group I occupancy. This deficient practice was evidence by the following: Reference: IBC Section 903.2.6 (group I) establishes that an automatic sprinkler system shall be provided throughout buildings with a Group I fire area. On 11/13/2024 during the survey entrance at approximately 9:24 AM, a request was made to the Director of Operations (DO) and Property Director (PD) to provide a copy of the facility lay-out which identifies the various rooms in the	M 597		

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M 597	Continued From page 4 facility. Starting at approximately 10:16 AM in the presence of the facility's PD and General Contractor (GC) a tour of the building was conducted. Along the tour, the surveyor observed that the facility failed to provide proper fire sprinkler protection in the following locations: 1) At approximately 10:51 AM, the surveyor observed no evidence of fire sprinkler coverage inside the 5' wide by 8'-9" deep folding retractable partition wall storage closet located within the Main Activity/Dining area. The surveyor also observed that above the ceiling tile in the closet, there was no evidence of a fire sprinkler system piping. 2) At approximately 10:56 AM, another surveyor also observed no evidence of fire sprinkler coverage inside the 5' wide by 8'-9" deep folding retractable partition wall storage closet which was located in the Main Activity/Dining area. Surveyor also observed that above the ceiling tile inside the closet, no evidence of a fire sprinkler system piping. The PD present confirmed the finding at the time of observations. The DO and PD were both informed of the deficiency during the survey exit conference on 11/13/2024, at approximately 1:09 PM. The findings were Fire Safety hazards. Refer to tag: NJAC 8:43F -14.1 (a).	M 597		
M 691	8:43F-14.17(h) Physical Plant Requirements Fire extinguishers shall be examined annually	M 691		

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M 691	Continued From page 5 and maintained in accordance with manufacturers' and National Fire Protection Association (NFPA) requirements. Each fire extinguisher shall be labeled to show the date of such inspection and maintenance. This REQUIREMENT is not met as evidenced by: Based on observation and review of facility documentation on 11/13/2024, in the presence of facility management, it was determined that the facility failed to comply and inspect 2 of 5 fire extinguishers annually as required by the National Fire Protection Association NFPA 101, 2012 Edition, Section 19.3.5.12, 9.7.4.1, and the National Fire Protection Association (NFPA) 10, 2010 Edition, Sections 6.1, 6.1.3.8.1 and 6.1.3.8.3, and N.J.A.C. 5:70. References: NFPA 10 Edition 2010, Standard for Portable Fire Extinguishers which reads, " ... 4-3 Inspection Maintenance ... 4-3.1 Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require ... 4-3.4 At least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded at least monthly and that records shall be kept on a tag or label attached to the fire extinguishers ...	M 691			

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M 691	Continued From page 6 4-4.3 Six Year Maintenance - Every 6 years, stored-pressure fire extinguishers shall require a 12-year hydrostatic test shall be emptied and subjected to the applicable maintenance procedures. The removal of agent from halon agent fire extinguishers shall only be done using a listed halon recovery system. When the applicable maintenance procedures are performed during periodic recharging or hydrostatic testing, the 6-year requirement shall be from that date ... 7.3.1.1.1 Fire extinguishers shall be subjected to maintenance at intervals of not more than 1 years at the time of hydrostatic test, or when specifically indicated by an inspection or electronic notification" The findings include the following: On 11/13/2024, during the survey entrance at approximately 9:24 AM, a request was made to the Director of Operations (DO) and Property Director (PD) to provide a copy of the facility lay-out which identifies the various rooms and smoke compartments in the facility. The surveyor also asked if the facility had a Contracted Service or Facility Vehicles to transport the Participants. The DO told the surveyor that there are four (4) Facility Vehicles for transportation of the Participants. Starting at approximately 10:16 AM, in the presence of the facility's PD and General Contractor (GC), a tour of the building was conducted. During the tour, the surveyor observed and inspected five (5) portable fire extinguishers in various locations with the following results:	M 691		

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M 691	Continued From page 7 1) At approximately 11:30 AM, the surveyor observed on Facility Van license plate NJ Ex Order 26-4B1, one (1) ABC type fire extinguisher last annually inspected in October 2022. 2) At approximately 11:46 AM, the surveyor observed on Facility Bus license plate NJ Ex Order 26-4B1, one (1) ABC type fire extinguisher last annually inspected in May 2023. The PD confirmed the findings at the time of observations. The DO and PD was informed of the deficiency during the survey exit conference on 11/13/2024 at approximately 1:09 PM.	M 691			



Received 12/12/24
POC Accepted 12/20/24
NJ Ex Order 26. 4B1

December 5, 2024

To Whom it may concern,

Courtyard Adult Day Center is a 105-slot Adult Day Health Services Program located at 111 W. Main Street Clinton, NJ 08809. The following information is the Plan of Correction for the Statement of Deficiencies received on November 25, 2024 for the survey completed on November 13, 2024.

M155

8:43F-2.1(a)(7) Licensure Procedure:

- 1) How the Corrective action will be accomplished for the residents found to have been affected by the deficient practice.
 - a. Two Direct Care Team Members (DCTM) were **NJ Ex Order 26. 4B1**
- 2) How the facility will identify other residents having the potential to be affected by the same deficient practice.
 - a. Courtyard Adult Day Center is a newly renovated community that has not yet opened; therefore, zero participants have the potential to be affected as this deficiency has been corrected.
- 3) What measures will be put into place or systematic changes made to ensure the deficient practice will not recur.
 - a. Facility staff was reeducated on facility staffing policies on December 12, 2024 and will revisit staffing policies monthly to ensure compliance.
 - b. The Administrator will continue to hire new team members to have DCTMs available as census increases.
- 4) How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
 - a. Staffing and participant census will be monitored daily by the Administrator and RN to ensure participant to staffing ratios are following state regulations.

5) Completion date December 13, 2024

Licensing

M597

8:43F-14.1(a) Physical Plant Requirements:

- 1) How the Corrective action will be accomplished for the residents found to have been affected by the deficient practice.
 - a. Proper fire sprinkler protection was provided in the following facility locations:
 1. Fire sprinkler coverage was added inside the 5' wide by 8'-9" deep folding retractable partition wall storage closet (1) located within the Main Activity/Dining Area.
 2. Fire sprinkler coverage was added inside the 5' wide by 8'-9" deep folding retractable partition wall storage closet (2) located within the Main Activity/Dining Area.
- 2) How the facility will identify other residents having the potential to be affected by the same deficient practice.
 - a. Courtyard Adult Day Center is a newly renovated community that has not yet opened; therefore, zero participants have the potential to be affected as this deficiency has been corrected.
- 3) What measures will be put into place or systematic changes made to ensure the deficient practice will not recur.
 - a. Facility ownership and administration has been educated on *Uniform Construction Code N.J.A.C. 5:23* for use group I occupancy.
- 4) How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not occur.
 - a. The Administrator or the designated alternate will ensure that required inspections and maintenance for both existing and newly added fire sprinklers are conducted. Annual inspections will be performed by our contractor, Federal Fire Protection.
- 5) Completion date November 21, 2024.

M691

8:43F-14.17(h) Physical Plant Requirements:

- 1) How the Corrective action will be accomplished for the residents found to have been affected by the deficient practice.

The two (2) fire extinguishers found to be non-compliant with the required annual maintenance test were serviced and inspected.

A 1. Inside Facility Van License plate **NJ Ex Order 26. 4B1** one(1) ABC type fire extinguisher was serviced and inspected with updated tags and seals for **NJ Ex Order 26. 4B1**.

B 1. Inside Facility Van License plate **NJ Ex Order 26. 4B1** one(1) ABC type fire extinguisher was serviced and inspected with updated tags and seals for **NJ Ex Order 26. 4B1**.
- 2) How the facility will identify other residents having the potential to be affected by the same deficient practice.

Licensing

- a. Courtyard Adult Day Center is a newly renovated community that has not yet opened; therefore, zero participants have the potential to be affected as this deficiency has been corrected.
- 3) What measures will be put into place or systematic changes made to ensure the deficient practice will not recur.
 - a. Facility ownership and administration have been educated on *National Fire Protection Association (NFPA) 10, Standards for Portable Fire Extinguishers* to ensure compliance.
- 4) How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not occur.
 - a. The administrator will ensure Fire extinguishers will be inspected monthly by a Courtyard Adult Day Center employee and annually by Federal Fire Protection, a licensed fire extinguisher maintenance contractor.

5. Completion date November 21, 2024

Sincerely,

NJ Ex Order 26. 4B1

Director of Operations

Licensing

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 25477	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/20/2024
NAME OF FACILITY COURTYARD ADULT DAY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 111 WEST MAIN STREET CLINTON, NJ 08809	

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 M0155	Correction	ID Prefix M0597	Correction	ID Prefix M0691	Correction
Reg. # 8:43F-2.1(a)(7)	Completed	Reg. # 8:43F-14.1(a)	Completed	Reg. # 8:43F-14.17(h)	Completed
LSC	12/20/2024	LSC	12/20/2024	LSC	12/20/2024
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 11/13/2024		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			