New Jersey Department of Health

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			-		С
		308116	B. WING		07/27/2023
NAME OF P	ROVIDER OR SUPPLIER	STREETA	ODRESS, CITY, STA	ITE, ZIP CODE	
2ND HOM	E NEWARK OPERATION	S. LLC	BROADWAY		
	OLIMANA DV. OTA		K, NJ 07104	DROWNERIO PLANTOS CORRECTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
M 000	Initial Comments		M 000		
	Complaint #: NJ00157	7717			
	Census: 136				
	Sample Size: 3				
M 223	all of the standards in Administrative Code, for Licensure of Adult facility must submit a a completion date, for that the plan is implen deficiencies may resu	Chapter 8:43F, Standards Day Health Services. The plan of correction, including reach deficiency and ensure mented. Failure to correct It in enforcement action in provisions of New Jersey Title 8, Chapter 43E, sure Regulations.	M 223		
	(b) The administrator not limited to, the follo	shall be responsible for, but owing:			
	and	evelopment, enforcement of all policies ding participant rights;			
	2. Planning and a managerial, operation components of the facility;	administering the aal, fiscal, and reporting			
	Participating in program for participar performance;	n the quality improvement nt care and staff			
	4. Ensuring that a duties based upon the	all personnel are assigned eir education, training,			

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE	SURVEY	
						С
		308116	B. WING		07	/27/2023
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	E, ZIP CODE		
2ND HOM	E NEWARK OPERATION	S. LLC	BROADWAY			
	T	NEWARI	K, NJ 07104			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
M 223	Continued From page	: 1	M 223			
	competencies, a	nd 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;					
	relationships and com staff	nd maintaining liaison nmunication between facility				
	and services pro- and their caregivers;	viders and with participants and				
	participant is eligible to at the adult day hear the participant's entry purposes of this shall be entitled to religible performed by the	each Medicaid-eligible to receive services available alth services facility prior to into the program. For the section, the administrator y on any prior authorization Department for the nce with N.J.A.C. 8:86.				
	by: Complaint #: NJ0015 Based on observation review, it was determ (ADM) failed to ensurenforcement of all polincluding "Transporta Policy," and "Security	n, interview, and record ined that the Administrator e the implementation and				

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 711-727 BROADWAY NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 711-727 BROADWAY NEWARK, N. 0 7019 REACH OPPOCINGY MAS 18 IF PRECEDED BY PLLL PRECED (RACH OPPOCINGY MAS 18 IF PRECEDED BY PLLL TAG AND ADDRESS PLAN OF CORRECTION REACH COPPOCING A CTOIN SANCIUS BY TAG TO CONTAIN A CONTROL OF PROVIDER OR SHOULD BY REACH COPPOCING A CTOIN SANCIUS BY REACH COPPOCING A CTOIN SANCIUS BY TAG TO CONTAIN BY THE SURVEYOR REVIEWED A CTOIN SANCIUS BY REACH COPPOCING A CTOIN SANCIUS BY REACH COPPOCING A CTOIN SANCIUS BY THE SURVEYOR REVIEWED A CTOIN SANCIUS BY THE SURVEYOR SA	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER 2ND HOME NEWARK OPERATIONS, LLC 717-727 BROADWAY NEWARK, NJ 07104 M4 JD PRETIX SAMMARY STREEMERY OF REFIDENCES OF THE CENTER OF THE C			308116	B. WING		_
SUBMENT STATEMENT OF DEPICENCIES RECOLLETION REGULATORY OR LSC IDENTIFYING INFORMATION) M 223 Continued From page 2 The surveyor reviewed an incident report from The client hended or, The client started The client lended up J Exec Order 28-41 Supervisor of Transportation (SOT) confirmed when I picked up the place or all of the buses ready to leave the facility to take prts from the first session home, and observed the following: All buses onboarded at the same time. 1. Driver #1's bus contained six out of six prts without seatbelts. 2. Driver #2's bus contained well of nine prts without seatbelts. 3. Driver #3's bus contained seventeen out of seventeen prts without seatbelts. 5. Driver #3's bus contained seventeen out of seventeen prts without seatbelts. The ADM failed to follow the facility policy titled, "Seat Bell Policy" that prts must sign on admission, which shows, "It is the law in the state of New Jersey that all occupants of any vehicle wear a seat belt at all times while the vehicle is moving. This is for your safety and the safety of others. 2nd Home requires that we obey the law and that all clients wear their seat belt on the			717-727 E	BROADWAY	TE, ZIP CODE	
practice was evidenced by the following: The surveyor reviewed an incident report from From the provided of Participant #3, which stated, Toriver #2] states he was lowering the lift. He told the client to hold on. The client started The Client] ended ut NJ Exec Order 26.4b1 [Supervisor of Transportation (SOT)] confirmed when I picked up the NJ Exec Order 26.4b1 On 07/25/2023 at 1:49 p.m., the surveyor toured all of the buses ready to leave the facility to take prts from the first session home, and observed the following: All buses onboarded at the same time. 1. Driver #1's bus contained six out of six prts without seatbelts. 2. Driver #2's bus contained twelve out of twelve prts without seatbelts. 4. Driver #4's bus contained twelve out of twelve prts without seatbelts. 5. Driver #3's bus contained seventeen out of seventeen prts without seatbelts. 5. Driver #4's bus contained seventeen out of seventeen prts without seatbelts. 7. Driver #4's bus contained seventeen out of seventeen prts without seatbelts. 8. Driver #3's bus contained seventeen out of seventeen prts without seatbelts. 9. Driver #4's bus contained seventeen out of seventeen prts without seatbelts. 10. Driver #4's bus contained seventeen out of seventeen prts without seatbelts. 11. Driver #4's bus contained seventeen out of seventeen prts without seatbelts. 12. Driver #4's bus contained seventeen out of seventeen prts without seatbelts. 13. Driver #3's bus contained seventeen out of seventeen prts without seatbelts. 14. Driver #4's bus contained seventeen out of seventeen prts without seatbelts. 15. Driver #3's bus contained ten out of ten prts without seatbelts. 16. Driver #4's bus contained ten out of ten prts without seatbelts. 17. Driver #4's bus contained ten out of ten prts without seatbelts. 18. Driver #4's bus contained ten out of ten prts without seatbelts. 19. Driver #4's bus contained ten out of ten prts without seatbelts. 19. Driver #4's bus contained ten out of ten prts without seatbelts. 19. Driver #4's bus contained ten prts	PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	BE COMPLETE
On 07/25/2023 at 1:58 p.m., the surveyor	M 223	practice was evidence. The surveyor reviewed to provide the client to hold on. The client t	d an incident report from pant #3, which stated, was lowering the lift. He told The client started [The xec Order 26.4b1] and the 3.4b1 . I ortation (SOT)] confirmed NJ Exec Order 26.4b1 [The xec Order 26.4b1] and the 3.4b1 . I ortation (SOT)] confirmed NJ Exec Order 26.4b1 [The xec Order 26.4b1] and the 3.4b1 . I ortation (SOT)] confirmed NJ Exec Order 26.4b1 [The xec Order 26.4b1] and the 3.4b1 . I ortation (SOT)] confirmed NJ Exec Order 26.4b1 [The xec Order 26.4b1] and the same time. It is the same time. It is the same time at the same time at the same time. It is the same time at the same time at the same time at the same time. It is the same time at the same time at the same time at the same time. It is the same time at the same time. It is the same time at the same	M 223		

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
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		308116	B. WING		07/27/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	JE ZIP CODE	-
	10115211 011 001 1 21211		ROADWAY	,	
2ND HOM	E NEWARK OPERATION	S. LLC	, NJ 07104		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	N (X5)
(X4) ID PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE DATE
			+	,	
M 223	Continued From page	e 3	M 223		
	observed Driver #1 st	and in front of the lift and			
	hold onto the wheelch	nair of a developmentally			
		ed the wheelchair lift to			
		he bus. The lift was halfway			
	up to the bus when D				
	surveyor. Driver #1 th	en applied the handrail belt			
	with one hand and he	eld the wheelchair with the			
	other hand. Driver #2	was standing in front of the			
	wheelchair lift as well	. Driver #2 held the prt's			
	wheelchair while Driv	er #1 got on the bus to pull			
	the prt inside of the bus from the wheelchair lift.				
	The wheelchair was r	not locked while the lift was			
	in motion.				
	The curveyer reviews	ed an incident report from			
		ed an incident report from			
		pant #2, which stated, to NJ Exec Order 26.4b1 when [the]			
		off another client. The vehicle			
		client NJ Exec Order 26.4b1 and			
	almost The driver	NJ Exec Order 26.4b1 so [the]			
	client NJ Exec Order 26.4b1 NJ E	[was] seen or			
		r. [The client was] sent to			
	[the] nursing departm	= =			
	[tho] haroling doparan	on for evaluation.			
	On 07/26/2023 at 2:1	7 p.m., the surveyor			
	interviewed the ADM,	who stated the drivers were			
	oriented upon hire for	transportation safety. The			
	ADM stated she was	informed of Participant #3's			
	by the Supervisor	of Transportation (SOT).			
		n she got outside on the day			
		cipant #3's NJ Exec Order 26.4b1			
	•	NJ Exec Order 26.4b1, and			
	there was no handrai				
		DM explained two or three of			
		uding the bus Participant #3			
		handrail belts installed, and			
		ntil the incident took place.			
		was told Participant #3			
	NJ Exec Order 26	6.4b1 , and as the lift			
	⊢was lowered, Particip	ant #3 NJ Exec Order 26.4b1	1		

New Jersey Department of Health					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		200446	B. WING		C
		308116	B: Will 5		07/27/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, STA	TE, ZIP CODE	
		717-727	BROADWAY		
2ND HOM	E NEWARK OPERATION	S. LLC	, NJ 07104		
			1,110 07104		
(X4) ID PREFIX	_	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(- /
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	
				DEFICIENCY)	
Mana	0	- 4	M 223		
M 223	Continued From page	2 4	IVI 223		
	before the NJ Exec O	rder 26.4b1 and NJ Exec Order 26.4b1			
		ed the drivers were			
	supposed to check fo	r seat belt application for all			
		ADM stated there was a			
	l -	t involved Participant #2,			
		M that they NJ Exec Order 26.41 and NJ Exe			
		J Exec Order 26.4b1.			
		d the ADM of the imminent			
	,	used facility transportation			
		d requested a removal plan.			
		·			
	On 07/27/2023 at 10:	39 a.m., the surveyor toured			
		bserved two prts offloaded			
		with the wheelchair lift.			
	Driver #4 did not turn	off the electric chairs before			
	he put the lift in motio				
	On 07/27/2023 at 11:	24 a.m., the surveyor toured			
		bserved Driver #1 as he			
	unloaded two develor	omentally disabled prts using			
	· · · · · · · · · · · · · · · · · · ·	iver #1 did not lock either			
	wheelchair before he	put the lift in motion.			
	The ADM failed to foll	low the facility policy titled,			
	"Policies Procedures	and Guidelines 2nd Home"			
	for "Security and Acco	ountability During			
	Transportation," show	ved, "the facility shall			
	develop and impleme	ent plans for security and			
	accountability for the	participant and the			
	participant's personal				
	·	es are being provided2.			
		will be mandatory unless			
	contraindicated by a	<u>-</u>			
	,	-			
	The facility's "Policies	Procedures and Guidelines			
	2nd Home" for "Trans	sportation Services" showed,			
	"the Administrator sha	•			
		n of safe transportation			
		ly or through contractual			
		rticipants who require			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		308116	B. WING		07/27/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
2ND HOM	E NEWARK OPERATION	S. LLC	BROADWAY K, NJ 07104		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
M 223	Continued From page	: 5	M 223		
	transportation betwee participant's home."	n the facility and the			
	Reference: M-0821, 8	3:43F-17.1(a)(1)			
M 821	8:43F-17.1(a)(1) Tran	sportation Services	M 821		
	services, either directi arrangements, to all p transportation betwee participant's home. No transportation time be participant's home sha 1.In accordance of facility shall accommon	o participant's total tween the facility and the all exceed two hours daily. with N.J.A.C. 8:86, the odate the special eds of the participant and			
	This REQUIREMENT by: Complaint #: NJ00157	is not met as evidenced			
	review it was determing follow its facility policions: "Security and Account of the security of the security and Account of the security and A				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMP	SURVEY PLETED
		308116	B. WING			C / 27/2023
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
2ND HOM	E NEWARK OPERATION	S. LLC	, NJ 07104			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCED	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
M 821	and from the facility. evidenced by the following of the	transportation to all or required transportation to This deficient practice was awing: 22 a.m., the surveyor was NJ Exec Order 26.4b1 ook facility transportation. It do not ever wear a seat belt to bus. 42 a.m., the surveyor anal prt who was that took facility transportation to the town the bus. 45 a.m., the surveyor anal prt who was that took facility to stated they sometimes while on the bus. 46 a.m., the surveyor are the surveyor visor of Transportation ho stated he helped load and the SOT stated there was place on one of the facility articipant #3. The SOT	M 821			
	NJ ex order 26.4b1 for Partici	d an incident report from pant #3, which stated, was lowering the lift. He told The client started [The				

New Jersey Department of Health					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			D WING		С
		308116	B. WING		07/27/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZIP CODE	
TO UNE OF T	NOVIBER OR GOLF EIER				
2ND HOM	E NEWARK OPERATION	S. LLC	BROADWAY		
		NEWARK	, NJ 07104		
(X4) ID	_	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(- /
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR	
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	IAIE DATE
				,	
M 821	Continued From page	e 7	M 821		
	" aNI Francou	1 00 41-4			
	client] NJ Exec Ord	der 26.4b1 and the			
	NJ Exec Order 26	6.4b1 [SOT]			
	confirmed when I pick	ked up the NJ Exec Order 26.4b1			
		"			
		9 p.m., the surveyor toured			
	all the buses ready to	leave the facility to take prts			
	from the first session	home, and observed the			
	following:				
	All buses onboarded	at the same time.			
	1. Driver #1's bus cor	ntained six out of six prts			
	without seatbelts.	•			
	2. Driver #2's bus cor	ntained nine out of nine prts			
	without seatbelts.	•			
	3. Driver #3's bus cor	ntained twelve out of twelve			
	prts without seatbelts				
	1 '	ntained seventeen out of			
	seventeen prts withou				
		ntained ten out of ten prts			
	without seatbelts.	italiled tell out of tell pits			
	without seatherts.				
	The Administrator (AF	DM) failed to follow the			
	`	•			
		Seat Belt Policy" that all prts			
		to sign, which showed, "it is			
	the law in the state of	•			
		icle wear a seat belt at all			
		e is moving. This is for your			
	safety and the safety				
		the law and that all clients			
	wear their seat belt or	n the vans."			
	On 07/25/2023 at 1:5				
		and on the sidewalk outside			
		poarded the buses. The			
	1 -	ed Driver #1 stand in front of			
		d hold onto the wheelchair of			
	a NJ Exec Order 26	6.4b1 prt, as he used the			
	wheelchair lift to trans	fer the prt onto the bus. The			
		the bus when Driver #1			
		Driver #1 then applied the			

_ ` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SUF COMPLET	
		308116	B. WING		C 07/27/	2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE	-	
SND HOM	E NEWARK ORERATION	717-727 E	BROADWAY			
ZND HOW	E NEWARK OPERATION	NEWARK	K, NJ 07104			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE OTHE APPROPRIATE	(X5) COMPLETE DATE
M 821	standing in front of the Driver #2 held the prt' got on the bus to pull from the wheelchair li locked while the lift with the surveyor reviewed was stationary. [The] nursing departm. The surveyor reviewed provided by the ADM wheelchair lift manufatoperate a Wheelchair load a passenger, stationary and level and the whoelchair brakes power on powered chequipped, and have the wheelchair brakes power on powered chequipped, and have the handrails if possible for the order of the driver an announcement for belts before they drive protocol for drivers wheelchair lift, was to position by raising the	hand and held the ther hand. Driver #2 was a wheelchair lift as well. It is wheelchair while Driver #1 the prt inside of the bus ft. The wheelchair was not as in motion. If an incident report from pant #2, which stated, and wheelchair the vehicle client was often and week order 26.4b1 or r. [The client was] sent to ent for evaluation. If a wheelchair lift article for the facility bus's acturer titled, "How to r. Lift", which showed, "to rt with the platform at the puter barrier fully extended. Onto the lift platform into low boundaries. Again, lock is or turn off wheelchair airs, buckle the handrail belt the passenger hold the lifts or additional support" 13 p.m., the surveyor who stated all drivers make all prts to apply their seat and the place the lift in loading	M 821	DEFICIENT	NCY)	
	the handrail belt woul					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
7.1.2 . 2.1.		152.1111.107.1101.1101.11521.11	A. BUILDING: _			
		308116	B. WING		C 07/27/202 3	3
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
2ND HOM	E NEWARK OPERATION	S. LLC	ROADWAY NJ 07104			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMF	K5) PLETE ATE
M 821	lift. The SOT stated the applied when Participal of the incident when the incident when the incident when the driver lowered the its stowed away positive stowed away positive picked up by another the driver lowered the its stowed away positive stowed away positive and participant #3 stated instructions to assist used, but the driver the Participant #3 stated would ask another prescooter from the bus stairs. On 07/26/2023 at 1:3 interviewed Driver #1 wheelchair lift operative with the remote, load the handrail belt, and the lift. Driver #1 add and if the chair was e off. In addition, Driver duty to make sure present in the participant with the remote, load the lift. Driver #1 add and if the chair was e off. In addition, Driver duty to make sure present interviewed by the participant #3 stated would ask another present #4 addition for the participant for the participant for the part	e prt would reverse off the here was no handrail belt ant #3 7 p.m., the surveyor at #3 who stated, on the day they NJ Exec Order 26.4b1 was out, so the prt was driver. Participant #3 stated a wheelchair lift down from tion, the prt NJ Exec Order 26.4b1 the NJ Exec Order 26.4b1 the prt when the lift was the filled in that day did not. they did not use the so they to or the SOT to remove the and they would take the 2 p.m., the surveyor , who stated the protocol for on, was to bring the lift down the prt onto the lift, apply then use the remote to raise ed he also locked the chair, lectric, he turned the power #1 stated it was the driver's s wore their seat belts. ould check every prt's seat facility.	M 821			
	interviewed Driver #2	, who stated the protocol for open the lift door, use the				

New Jers	ey Department of Hea	itn				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
						•
		308116	B. WING		1	27/2023
					1 0172	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
2ND HOM	E NEWARK OPERATION	IS. LLC	ROADWAY			
		NEWARK	, NJ 07104			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		COMPLETE DATE
iAO		,	IAG	DEFICIENCY)		
M 004	0 (; 15	40	M 004			1
M 821	Continued From page	e 10	M 821			
	remote to lower the lit	ft, tell the prt to reverse onto				
		andrail belt, and bring the prt				
		ed it was the driver's duty to				
	•	their seat belts. Driver #2				
		ne prts to apply their seat				
		uld check to ensure they did				
		#2 explained on the day of				
		icipant #3, he was unloading				
		Driver #2 stated he lowered ed away position, Participant				
		d when they moved onto the				
	· ·	ed the handrail belt, and				
		the lift. Driver #2 added he				
		scooter was off before he				
	lowered the lift. Drive	r #2 explained the lift was				
	not all the way down					
	Participant #3 NJ Ex	cec Order 26.4b1				
	Driver #2 stated Parti	cipant #3 ^{NJ Exec Order 26.4b1}				
	O= 07/00/0000 -+ 4.5	F m ma the annual and annual				
		5 p.m., the surveyor toured leave the facility to take prts				
	,	home and observed that all				
		the same time. Driver #1's				
		t without a seat belt, and the				
		uses applying seat belts to				
	prts instead of the dri					
	•					
	On 07/26/2023 at 2:1	7 p.m., the surveyor				
	-	, who stated the drivers were				
	·	r transportation safety. The				
		informed of Participant #3's				
		ADM stated when she got				
		n the incident, Participant				
	#3's NJ Exec Order 2	· ·				
		nere was no handrail belt				
	installed on the whee					
		e of the facility buses,				
	including the bus Par	ticipant #3 NJ ex order 26.4b1	1			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		308116	B. WING		C 07/27/2023	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	1 0772772020	
2ND HOM	E NEWARK OPERATION	S, LLC 717-727 BI NEWARK,				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLI	ETE
M 821	aware until the incide stated she was told P Participant #3 NJ ex confirmed the drivers seat belt application of ADM stated there wa involved Participant # that they NJ Exec Order 26 by Driver #3. The bus facility at the time of t informed the ADM of prts who used facility interview and request On 07/26/2023 at 3:4 interviewed the SOT, seat belt application of the drivers stated son some of the prts gave seat belt application. assisted the prts who The SOT stated he diapplication on aware prts did not has stated he assumed the apply their seat belts, were applied. The SOT given a demonstration wheelchair lift upon hor 07/26/2023 at 7:1 received an unaccept imminent danger to p	order 26.4b1 The ADM were supposed to check for or all prts. In addition, the sa separate incident that 2, who informed the ADM and they were caught was parked outside of the he incident. The surveyor the imminent danger to all transportation after the red a removal plan. 4 p.m., the surveyor who stated he assisted with or the first session because he seat belts did not work or a the drivers trouble about The SOT stated he also could not do it themselves. In the seat belt son. The SOT he drivers told the prts to and checked to ensure they of stated all drivers were in on how to use the iff use, improper seatbelt if use, improper seatbelt if use, improper seatbelt	M 821			

New Jers	sey Department of Hea	itn				
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		308116	B. WING		1	27/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZIP CODE		
TVAIVIL OF T	NOVIDER OR GOLF EIER		BROADWAY	(I, Zii GOBE		
2ND HOM	E NEWARK OPERATION	IS. LLC	, NJ 07104			
			, NJ 07104			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
M 821	Continued From page	e 12	M 821			
		39 a.m., the surveyor toured				
		bserved two prts offloaded				
		with the wheelchair lift.				
		off the electric chairs before				
	he put the lift in motion	on.				
	On 07/27/2023 at 10 ⁻	58 a.m., the surveyor toured				
		bserved a prt in a motorized				
		e bus. Driver #5 was still in				
		e bus and the prt in the				
		secured to the bus. The prt in				
		ined they always unhooked				
	· ·	nd the driver confirmed when				
	· ·	ays removed the Q-straints				
		e wheelchairs, powered				
		devices to the bus] before				
	he could get to them.	The prt turned off their				
	motor chair once on t	he lift to be unloaded and				
	Driver #5 applied the	handrail safety belt but did				
	not tighten the belt. T	he handrail belt hung down				
	low, and almost reach	ned the floor of the lift. Driver				
		of the handrail belt that hung				
	down over towards th	ne handrail and held it in his				
		he lift instead of tightening				
	the handrail belt to se	ecure the chair properly.				
	On 07/27/2022 at 11.	24 a m. the current				
		24 a.m., the surveyor toured bserved Driver #1 as he				
		ec Order 26.4b1 prts.				
		either wheelchair before he				
	put the lift in motion.	eliller wheelchall before he				
	On 07/27/2023 at 1:0	3 p.m., the survevor				
		about the incident that				
		[‡] 2. Driver #3 stated he				
		#2's house to drop the prt				
	off, when Participant	#2 NJ Exec Order 26.4b1				
	. Driver #3 stated	l Participant #2's				
		Driver #3 stated Participant				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					С	
		308116	B. WING		1	7/2023
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
2ND HOM	E NEWARK OPERATION	IS, LLC 717-727 BF NEWARK,	ROADWAY NJ 07104			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
M 821	In addition, D driver's duty to ensure belts, and Participant day of the incident. On 07/27/2023 at 1:5 all the buses ready to from the first session buses onboarded at the awalker laying down was not secured, and the bus with the wheet present to supervise a plan. On 08/04/2023 at 11:0 conducted a post sure #2NJ ex order 26. The ADM failed to foll "Policies Procedures for "Security and According Transportation," which develop and impleme accountability for the participant's personal transportation services. The use of seat belts contraindicated by a purpose and the provision of the provisio	d bus with their cane and Driver #3 stated it was the e all prts wore their seat #2 wore a seat belt on the same time. Driver #2 had in the rear of the bus that #3 Driver #4 loaded a prt onto elchair lift without the SOT as mentioned in the removal with Participant #4b1 Low the facility policy titled, and Guidelines 2nd Home" ountability During h showed, "the facility shall ent plans for security and participant and the possessions while es are being provided2. will be mandatory unless physician." Se Procedures and Guidelines sportation Services" showed, all be responsible for n of safe transportation tricipants who require	M 821			
	participant's home."	alo idolity did tilo				ı

New Jersey Department of Health
STATEMENT OF DEFICIENCIES (X

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		_		С			
		308116	B. WING		07/2	7/2023	
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
2ND HOM	E NEWARK OPERATION	S, LLC 717-727 BF NEWARK,					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
M 821	Continued From page	e 14	M 821				
	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)						



717-727 Broadway, Newark, NJ 07104 C: (973) 268-1212 F: (973) 268-1016

September 6, 2023

PLAN OF CORRECTION

July 27, 2023

8:43F-3.1(b) (1-7) Administration

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

The corrective action that will be accomplished for those participants found to have been affected by the deficient practice is that:

- On July 26, 2023, the Administrator immediately reviewed the policy and procedures to include, "Transportation Services," "Seat Belt Policy," and Security and Accountability during Transportation."
- On July 26, 2023, the Administrator in-serviced all drivers and the Supervisor of Transportation on the following:
 - o Video of lift instruction as recommended from the lift manufacturer.
 - o All seat belts on the lift and seat belts on the buses must be used properly as stated in the Seat Belt Policy.
 - All lifts must be on the ground with a seat belt on first, wheelchairs locked in place, and electric scooters in the off position prior to putting the lift in motion as recommended by the lift manufacturer.
 - o Importance of safety and rules and regulations to ensure all participants safety.

- On July 26, 2023, the Administrator created and implemented a, "Seat Belt Usage Form."
 The in-service was held on July 26, 2023 detailing how all drivers will be filling out the form. Supervisor of Transportation will be monitoring all Seat Belt Usage Forms beginning, July 26, 2023, and this will be an ongoing process.
- The Administrator will be responsible for reviewing all Seat Belt Usage Forms daily beginning, 7/26/23, to ensure its accuracy.
- **2.** How the facility will identify other participants having the potential to be affected by the same deficient practice.

All participants who take facility transportation have the potential to be affected by the deficient practice.

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

The measures that will be put into place or systemic changes made to ensure that the deficient practice will not recur to include the following:

- Beginning, July 26, 2023, the Administrator will review each Seat Belt Usage form completed by the drivers and the Supervisor of Transportation daily to ensure that the policies and procedures are being followed. This will be completed indefinitely. The Administrator will conduct daily exit reviews with the Supervisor of Transportation to ensure compliance on an ongoing basis.
- On July 27, 2023, the Administrator implemented a pre-trip/vehicle safety inspection checklist for all drivers to utilize on an ongoing daily basis to ensure all vehicles are safe to operate as mentioned on the guidelines for transportation. The Administrator will review each pre-trip/Vehicle Safety Inspection Form daily as mentioned in the policy to ensure that the inspection is being conducted on an ongoing basis.
- On July 27, 2023, the Administrator implemented that the Supervisor of Transportation
 will monitor each wheelchair lift operation in motion, thus ensuring safety measures are
 always in place and that seatbelts are all attached and buckled as required. The Supervisor
 of Transportation will be monitoring all drivers ensuring that all wheelchairs are locked
 with seatbelt secured prior to any motion of lift, as well as turning off all electric scooters
 to include seatbelt being secured prior to any motion of lift as recommended by the lift
 manufacturer. This will be an ongoing process.
- On, 7/26/23, the Administrator in-serviced all drivers and the Supervisor of Transportation on the Seat Belt Policy and the wheelchair lift transfer for all participants.
- On 8/1/23, the Administrator in-serviced all drivers and the Supervisor of Transportation on the seat belt policy and transferring participants on the wheelchair lift.

- On 9/1/23, the Administrator in-serviced all drivers and the Supervisor of Transportation on the seat belt policy and transferring participants on the wheelchair lift. This will be an ongoing monthly in-service for the drivers and the Supervisor of Transportation until 11/1/23. This will ensure compliance with the updated Policies and Procedures, and guidelines for transportation services, including the seat belt policy and wheelchair lift practices. Following the monthly in-services, the Administrator will in-service drivers and the Supervisor of Transportation on a quarterly basis.
- 4. How will the facility 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 the systemic changes.

The facility monitors its corrective actions to ensure that the deficient practice has been corrected and will not recur, i.e. to include the program that has been put into place to monitor the continued effectiveness of the systemic changes in that

- The seatbelt log form that the Administrator reviews at the end of each day when completed and reviewed will be sent to 2nd Home's Chief Clinical Officer, Ines Chacon for review daily.
- The Chief Clinical Officer will monitor the Administrator's compliance levels with the 2nd
 Home Security and Accountability Plan for Transportation to and from the Center on a
 monthly basis, which began on 8/1/23, to ensure all policies, procedures, and guidelines
 are being followed at the center.

8:43F-17.1(a)(1) Transportation Services

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

Participant # 2, and Participant # 3 were affected by the deficient practice. The corrective action was accomplished for those participants found to have been affected by the deficient practice by the following:

On Participant # 3, the Director of Nursing completed an internal Incident Report.

On a for Participant # 2, the Administrator completed an incident report and in-serviced all drivers and the Supervisor of Transportation. The Administrator purchased seatbelts for all wheelchair lifts on 12/2/23 and had them placed on the bus for proper lift motion on 12/3/23.

On 7/25/23, upon discovering that all participants did not have their seatbelts on, the Administrator immediately in-serviced all drivers and the Supervisor of Transportation which explains that each participant must wear a seat belt and that it was the driver's responsibility to ensure that it has occurred, as mentioned in the Seat Belt Policy.

On 7/26/23, the Administrator in-serviced all drivers, to include the Supervisor of Transportation, who continues to monitor all seat belt usage and wheelchair lifts daily, on proper use of the wheelchair lifts. The drivers were all notified that they must apply all seat belts to all participants prior to take off. The Supervisor of Transportation was notified that he must call one bus one at a time using walkie-talkies and monitor each wheelchair lift transfer one at a time.

On July 27, 2023, the Administrator implemented that the Supervisor of Transportation monitor each wheelchair lift operation in motion, thus ensuring safety measures are always in place and that seatbelts are all attached and buckled as required. The Supervisor of Transportation continues to monitor all drivers ensuring that all wheelchairs are locked with seatbelt secured prior to any motion of lift, as well as turning off all electric scooters to include seatbelt being secured prior to any motion of lift.

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

All participants who take facility transportation have the potential to be affected by the deficient practice.

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

The systemic changes and measures that were put into place to ensure that the deficient practice will not recur include the following:

- On July 26, 2023, prior to departure of each bus, the Supervisor of Transportation has been monitoring and ensuring that all seatbelts have been buckled for all participants. This has been documented daily on a Seat Belt Log Forms. This will be an ongoing practice.
- On July, 27, 2023, the Supervisor of Transportation began conducting a daily morning and evening inspection of all buses on arrival and before departure to ensure proper functioning of seatbelts. This is being documented on a pre-trip/Vehicle Safety Inspection Form. This will be an ongoing practice.
- On July 27, 2023, the Supervisor of Transportation began monitoring all wheelchair lift operations, thus ensuring safety measures are always in place and that seatbelts are all attached and buckled as required. This will be an ongoing practice.
- On 7/27/23 and going forward, Pursuant to updated Transportation policies, all drivers are responsible for ensuring that all wheelchairs are locked with seatbelt secured prior

to any motion of lift, as well as turning off all electric scooters to include seatbelt being secured prior to any motion of lift.

- On 7/27/23, and going forward, upon discovering any violations of policy or systemic safety concerns, the driver or Supervisor of Transportation will immediately notify the Administrator, who will then notify Director of Transportation of 2nd Home at the corporate level, NJ Exec Order 26.4b1 for further action.
- 4. How will the facility 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 the systemic changes.
 - The 2nd Home quality assurance committee will monitor compliance levels with the transportation policies on a monthly basis to ensure all policies, procedures, and guidelines are being followed.

411

CSW/Administrator

acastella phiships

STATE FORM: REVISIT REPORT

STATE FORM. REVIOUS REPORT							
PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT				
IDENTIFICATION NUMBER	A. Building						
308116 _{Y1}	B. Wing	Y2	7/27/2023	Y3			
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE					
2ND HOME NEWARK OPERATIONS, LLC		717-727 BROADWAY					
		NEWARK, NJ 07104					

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

Toportioning.							
ITEM	DATE	ITEM		DATE	ITEM		DATE
Y4	Y5	Y4		Y5	Y4		Y5
ID Prefix M0223	Correction	ID Prefix	M0821	Correction	ID Prefix		Correction
Reg. # 8:43F-3.1(b)(1-7)	Completed	Reg. #	8:43F-17.1(a)(1)	Completed	Reg. #		Completed
LSC	09/06/2023	LSC		09/06/2023	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 REVIEWED BY (INITIALS)		DATE	TITLE			DATE	
FOLLOWUP TO SURVEY Co			ECTED DEFICIENCIES CIES (CMS-2567) SEN			i □ NO	

Page 1 of 1 EVENT ID: GN9Q12