

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 308116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/08/2024
NAME OF PROVIDER OR SUPPLIER 2ND HOME NEWARK OPERATIONS, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 717-727 BROADWAY NEWARK, NJ 07104		
(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#: NJ00134218 Census: A.M.- 96 P.M.- 44 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	M 223		

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

TITLE

(X6) DATE

03/07/24

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M 223	<p>Continued From page 1</p> <p>performance;</p> <p>4. Ensuring that all personnel are assigned duties based upon their education, training, competencies, and job descriptions;</p> <p>5. Ensuring the provision of staff orientation, staff education, and ongoing staff training in accordance with N.J.A.C. 8:43F-6.3;</p> <p>6. Establishing and maintaining liaison relationships and communication between facility staff and services providers and with participants and their caregivers; and</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00134218</p> <p>Based on interview, observation, and pertinent documentation review, it was determined the facility failed to ensure all staff training for</p>	M 223		

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M 223	<p>Continued From page 2</p> <p>infection control, handwashing, prevention of spreading infection, fall prevention, seizures and choking was accurately timed and correctly dated. In addition, the facility's Administrator failed to ensure that all personnel are assigned duties based upon their education, training, competencies, and job descriptions. This deficient practice was evidenced by the following:</p> <p>1. On 1/8/24 at 10:14 a.m., the surveyor observed the Social Worker/Alternate Administrator (SS/AA) in the room specified for the NJ Ex Order 26.4(b)(1) participants requesting two staff members, a Nurse Aide and the Marketer, to sign an in-service attendance record.</p> <p>At 10:18 a.m., the surveyor interviewed the SS/AA who stated the Director of Nursing/Registered Nurse (DON/RN) told her to have the staff sign the in-service attendance record for the two separate in-services topics: "Infection control, Hand washing, Prevention of spreading of infection" and "Fall Prevention, Seizures and choking" which were back dated for "11/22/23" with times listed as "N/A."</p> <p>At 10:24 a.m., the surveyor interviewed the DON/RN in the presence of the SS/AA, who stated she trained the the staff back in November but didn't have time for the employees to sign the in-services back then, so she asked the SS/AA to have the staff sign the in-services attendance sheet today [1/8/2024].</p> <p>At 11:49 a.m., the surveyor interviewed the Nurse Aide regarding the in-services she was preparing to sign for infection control, handwashing, prevention of spreading infection, fall prevention, seizures and choking in-services, who stated she was unaware of what she was about to sign.</p>	M 223		

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M 223	<p>Continued From page 3</p> <p>Additionally, the Nurse Aide stated she was unable to read in English which the in-service attendance sheet was printed in.</p> <p>Review of the documents titled, "INSERVICE" with topics titled "Infection control, Handwashing, Prevention of spreading infection" and "Fall Prevention, Seizures and choking" both dated 11/22/23 revealed two staff members, the Activity Director and a Program Aide, had signed both in-services. Review of the staffing schedule for November 2023 and December 2023 revealed that employees listed above were not on the schedule on the date of the in-service as Activity Director's date of hire was [REDACTED] and the Program Aide's date of hire was [REDACTED].</p> <p>2. On 1/8/24 at 10:46 a.m., the surveyor interviewed the Food Service Supervisor (FSS), in the presences of the SW/AA, who stated she did not have a menu because the food delivery service never gave it to her, she does not check the arrival temperature of food if delivery driver does not drop off the daily temperature log with the delivery, and she does not know how to convert Celsius to Fahrenheit so she calls the previous FSS who tells her the conversion.</p> <p>Review of the temperature logs revealed that the facility had missing and/or incomplete food temperature logs for the following dates in December 2023: 6th, 21st, 22nd, 26th, 27th, 28th, and 29th as well as the following dates in January 2024: 2nd, 3rd, 4th, 5th, and 8th.</p> <p>Surveyor interview with the facility's contracted Dietitian, on 1/10/24 at 8:26 a.m., revealed the facility previously had failed to produce food temperature logs. Review of a document titled, "KITCHEN/FOOD SERVICE INSPECTION</p>	M 223			

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M 223	<p>Continued From page 4</p> <p>REPORT", dated 11/22/23, provided by the Dietitian revealed the facility did not have temperature logs from 11/10/23 to 11/22/23 when she conducted an inspection in which she wrote "Nov log stopped @ 11/10-pls [sic] keep up to date" in the comment section of row two with the question "Are food temps obtained and recorded, and are they safe?"</p> <p>Continued review of an additional document titled, "KITCHEN/FOOD SERVICE INSPECTION REPORT", dated 3/29/23, revealed the Dietitian had notified the facility that food temperatures were not being recorded and/or safe with a comment stating "Need to keep up to date in binder that is easily accessible; REGULATION REQUIREMENTS: COLD-HOLD: 41°F OR LOWER HOT-HOLD: 135°F OR HIGHER" mentioned in the comment section of the question number two on the "KITCHEN/FOOD SERVICE INSPECTION REPORT" "Are food temps obtained and recorded, and are they safe?" The Dietitian stated she informed the Administrator on the date of the inspection, 3/29/23, verbally followed by and email of the inspection findings on 3/30/23.</p> <p>Continued interview with the Dietitian revealed that she provided the Administrator with a document titled, "HOW TO CALIBRATE A THERMOMETER" to teach dietary staff how to properly calibrate the thermometer so food temping is accurate.</p> <p>On 1/8/23 at 9:11 a.m., request to the SS/AA and DON/RN, and again at 10:46 a.m., to the FSS, the surveyor requested the menu for the past 30 days. The facility was unable to produce a dated menu for the past 30 days. The FSS again stated she did not have a menu because the food</p>	M 223			

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M 223	Continued From page 5 delivery service never gave it to her. On 1/10/24 at 11:19 a.m. the surveyor reviewed a document titled, "JOB DESCRIPTION: FOOD SERVICE SUPERVISOR Position # 501" which states " ... Responsibilities: ... E. Plan written, dated menus at least 14 days in advance, ensuring that that same menu not be used more than once for any continuous seven day period. ... G. Keep record of all menu changes. ... M. Ensure that meals are attractive when served to participants. ... Y. Maintain refrigerator and Temperature Log." signed by the current FSS and dated 7/21/23. The Administrator failed to ensure that all personnel was trained and competent to complete assigned job description duties.	M 223		
M 367	8:43F-5.3(b) Participant Assessment and Plan of Care An initial assessment shall be completed for each participant on the day of admission and shall include at least personal hygiene, immediate dietary needs, medications, ambulation and diagnosis. Based on this initial assessment, a written initial plan of care shall be developed within five business days of the date the initial assessment is performed. This REQUIREMENT is not met as evidenced by: Complaint#: NJ00134218 Based on interview and record review, it was	M 367		

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M 367	<p>Continued From page 6</p> <p>determine that the facility's Director of Nursing/Registered Nurse (DON/RN) failed to perform and document an initial nursing assessment and failed to develop a plan of care for 1 of 3 sampled participants, Participant #3. This deficient practice was evidenced by the following:</p> <p>According to surveyor review of the medical record on 1/8/24 at 02:30 p.m. Participant #3 was admitted to the program on NJ ex order 26.4b1 with diagnoses which included NJ ex order 26.4b1 [REDACTED].</p> <p>Review of the participant's medical record revealed that the participant had been in attendance of the program since NJ ex order 26.4b1 [REDACTED]. The surveyor did not observe documented evidence of an initial nursing assessment completed by a RN or an initial plan of care.</p> <p>During interview with the DON/RN at 2:47 p.m. after the surveyor requested a copy of Participant #3's initial assessment and plan of care the DON/RN stated a copy could not be provided of Participant #3's assessment or plan of care as she did not have time to complete one yet.</p> <p>The facility failed to complete an initial nursing assessment and develop a written plan of care based on the findings of the initial assessment of Participant #3's medical record.</p>	M 367			
M 539	<p>8:43F-10.5(a) Dietary Services</p> <p>The dietary service shall comply with the provisions of N.J.A.C. 8:24.</p>	M 539			

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M 539	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00134218</p> <p>Based on observation and interview, it was determined that the facility failed to ensure 1 of 1 dietary staff washed their hands prior to handling food for the participants. This deficient practice was evidenced by the following:</p> <p>On 1/8/24 at 10:46 a.m. while interviewing the Food Service Supervisor (FSS) the surveyor, in the presences of the Social Worker/Alternate Administrator (SS/AA), observed the FSS go through binders in search of temperature logs and in the process wipe his/her nose with a disposable tissue while wearing disposable gloves.</p> <p>At 11:07 a.m. the surveyor requested to watch the FSS while they completed arrival temperatures on the food after it arrived. The FSS started to complete the arrival temperatures of the food starting with the vegetables. The FSS had not doffed the gloves and wash her hands after she/he went through a binder and used a disposable tissue to wipe his/her nose.</p> <p>At 11:07 in the presences of the SS/AA the surveyor stopped the FSS as they uncovered the vegetables and was moving thermometer in a downward motion into the vegetables to temperature them. At that time the surveyor</p>	M 539			

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M 539	Continued From page 8 reminded the FSS that they had touched their nose with a disposable tissue and the same gloves they were currently wearing and had not doff the gloves and washed their hands prior to handling clean equipment to temperature the food in addition to handling the food. After the surveyor intervened to stop contamination of the food the FSS went to wash her hands prior to obtaining arrival temperatures of the food. The facility failed to ensure personal cleanliness while handling food and monitoring arrival temperatures of the participants' lunch. Reference: The New Jersey State Sanitary Code N.J.A.C. 8:24-2.3(f)(1-9)-" Food employees shall clean their hands and exposed portions of their arms immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles, and: ... 4. After coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking, except as specified in N.J.A.C. 8:24-2.4(a)2; ... 9. After engaging in other activities that contaminate the hands."	M 539			
M 543	8:43F-10.5(c)(1-5) Dietary Services (c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following: 1. Menus shall be prepared with regard for the nutritional and therapeutic needs, cultural backgrounds, food habits, and personal food preferences	M 543			

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M 543	<p>Continued From page 9</p> <p>of participants;</p> <p>2. Written, dated menus shall be planned at least 14 days in advance for all diets. The same menu shall not be used more than once in any continuous seven-day period;</p> <p>3. Current menus with portion sizes and any changes in menus shall be posted in the food preparation and/or serving area. Menus, with changes, shall be kept on file in the dietary service for at least 30 days;</p> <p>4. Diets served shall be consistent with the diet manual and shall be served in accordance with physicians' orders;</p> <p>5. Food shall be prepared by cutting, chopping, grinding, or blending to meet the needs of each participant.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00134218</p>	M 543			

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M 543	<p>Continued From page 10</p> <p>Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to ensure written, dated menus were planned at least 14 days in advance, ensuring the same menu not be used more than once for any continuous seven day period for all participants, in addition to current menus with any changes in menus be posted in the food preparation and/or serving area. This deficient practice was evidenced by the following:</p> <p>On 1/8/24 at 9:11 a.m. during the entrance conference with the Director of Nursing/Registered Nurse (DON/RN) and the Social Worker/Alternate Administrator (SS/AA) the surveyor requested a copy of the menu for the last 30 days.</p> <p>During surveyor interview the Food Service Supervisor (FSS) at 10:46 a.m., in the presence of the SS/AA, the surveyor, again, requested a copy of the menu. The FSS revealed she did not have a copy of the menu because the food delivery service never gave it to her. The FSS then present the surveyor with two documents titled, "Lunch - 4 Week Cycle Menu" and "Breakfast- 4 Week Menu Cycle."</p> <p>Both documents, "Lunch - 4 Week Cycle Menu" and "Breakfast- 4 Week Menu Cycle", had five columns, each one labeled a different day of the week, and four rows, numbered one through four, each one digitally dated for 4/6/2023.</p> <p>At 1:34 p.m. while interviewing a participant the surveyor observed their lunch after which included white rice, vegetables, lettuce, and fried chicken.</p>	M 543		

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M 543	Continued From page 11 Further review of the documents revealed that none of the four weeks cycled had fried chicken listed as a meal option for a lunch. The FSS did not have a menu with alternative choices to provide to the surveyor to note fried chicken being served for lunch. The facility failed to ensure menu planning and current menus with alternative choices were available and posted.	M 543			
M 555	8:43F-10.5(c)(11) Dietary Services All meals shall be attractive when served to participants. This REQUIREMENT is not met as evidenced by: Complaint#: NJ00134218 Based on observation and interview, it was determined that the facility failed to ensure meals were attractive when served to 2 of 2 participants. This deficient practice was evidenced by the following: On 1/8/24 at 10:33 a.m. after interviewing the DON the surveyor was walking back to the Social Worker/Alternate Administrator's office when she observed scrambled eggs with diced peppers on a participant's plate. The eggs' appearance had large grayish-blackish discolored areas throughout them.	M 555			

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M 555	<p>Continued From page 12</p> <p>At 1:34 p.m. while interviewing a participant the surveyor observed their lunch plate which included white rice, vegetables, lettuce, and fried chicken. The fried chicken appearance was dark brown and black in color. Due to the presentation of the meal the participant had declined the meal.</p> <p>The facility failed to ensure meals were attractive when served to participants based on observation of a breakfast and lunch plate.</p>	M 555			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 308116	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/8/2024
NAME OF FACILITY 2ND HOME NEWARK OPERATIONS, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 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 report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix M0223 Correction		ID Prefix M0367 Correction		ID Prefix M0539 Correction	
Reg. # 8:43F-3.1(b)(1-7) Completed		Reg. # 8:43F-5.3(b) Completed		Reg. # 8:43F-10.5(a) Completed	
LSC 01/30/2024		LSC 01/30/2024		LSC 01/30/2024	
ID Prefix M0543 Correction		ID Prefix M0555 Correction		ID Prefix Correction	
Reg. # 8:43F-10.5(c)(1-5) Completed		Reg. # 8:43F-10.5(c)(11) Completed		Reg. # Completed	
LSC 01/30/2024		LSC 01/30/2024		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	
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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 1/8/2024		<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			