

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 308120	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/27/2023
NAME OF PROVIDER OR SUPPLIER HOME AWAY FROM HOME ADULT DAY CARE CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 263 HILLSIDE AVENUE NUTLEY, NJ 07110		
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M 000	Initial Comments Type of Survey: Complaint Complaint #: NJ00167473 Census: 99 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;	M 223		

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

TITLE

(X6) DATE

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M 223	Continued From page 1 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. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00167473 Based on interview, record review, and pertinent facility document review, it was determined that the facility failed to ensure its policies and procedures titled, "Abuse Policy Statement", "Rights of each Participant," "Accidents and	M 223		

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M 223	Continued From page 2 Incidents," "Staff Education Plan," and "Policy Interpretation and Implementation" were implemented for 1 of 3 participants reviewed for [REDACTED], Participant #2. This deficient practice was evidenced by the following: On 10/13/23 at 12:08 p.m. the surveyor interviewed the Administrator who stated he was informed by Participant #2's daughter on [REDACTED] the participant was NJ Exec Order 26.4b1 by the Activity Director (AD) [event date: [REDACTED]]. The Administrator confirmed he and the facility Owner viewed facility video surveillance of the alleged event, [unknown date and time] with the Participant #2's daughter. While viewing the video, Participant #2's daughter identified Participant #2 NJ Exec Order 26.4b1 by the AD staff member. The Administrator stated that after viewing the video of the [REDACTED], he acknowledged the AD [REDACTED] Participant #2 to NJ Exec Order 26.4b1. The Administrator also stated he expressed his regret to Participant #2's daughter and explained the [REDACTED] AD was NJ Exec Order 26.4b1 [REDACTED] The surveyor reviewed the policy and procedure titled, "Abuse Policy Statement" which revealed "All clients of Home Away From Home Adult Day Care have the right to be treated with dignity and respect and to be free from any abuse... Any allegations/suspensions of client abuse... will result in a thorough investigation and notification of the appropriate local and state authorities..." The surveyor also reviewed the facility's policy and procedure titled, "Rights of each Participant" which indicated "... It is the responsibility of Home Away From Home Adult Day Care, to be sure that every participant: ...7. Is free from physical and	M 223		

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M 223	Continued From page 3 mental abuse, ..." On 10/13/23 at 11:59 a.m., the surveyor interviewed the Director of Nursing (DON), who stated she was notified of Participant #2's [REDACTED] via telephone by the participant's daughter in the presence of the AD. Additionally, the DON stated she could not recall the date/time and if she informed the Owner or Administrator. The DON confirmed that she did not complete an investigation of the [REDACTED] by the AD. The surveyor reviewed the facility policy and procedure titled, "Accidents and Incidents" which indicated, "... No matter how minor an incident may seem, it must be reported to the department manager who begins investigation and completes an Accident/Incident Report Form. ..." On 10/13/23 at 12:52 p.m., the surveyor reviewed the employee file of the Activity Director which revealed the last documented "Abuse" and "Rights of each Participant" training for the Activity Director was completed on [REDACTED] On 10/16/23 at 1:21 p.m. the surveyor reviewed the employee files of the Activity Assistant (AA), the Social Worker (SW), and the Home Health Aide which revealed the following: a) The AA's last "Abuse" and "Rights of each Participant" training was completed on [REDACTED]. b) The SW's last "Abuse" and "Rights of each Participant" training was completed on [REDACTED]. c) The HHA's last "Abuse" and "Rights of each Participant" training was completed on [REDACTED]. On 10/13/23 at 9:48 a.m., during an interview with the Administrator, he stated staff in-services and	M 223		

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M 223	Continued From page 4 training tracking was all on paper in a folder. However, the Administrator was not able to provide documented evidence of the staff training and in-services completed. The surveyor reviewed the facility policy and procedure titled, "Staff Education Plan" which listed "...Monthly in-service education is scheduled for all staff and mandatory attendance is required at the following: ... Abuse Policy and Procedure...abuse of the elderly... Participant Rights ... Records of attendance at all educational/training sessions are maintained in the employees personnel file." In addition, at 12:52 p.m., the surveyor reviewed the Activity Director's work schedule dated [redacted] through [redacted] which revealed the AD worked at the facility on [redacted] and continued to work her regular schedule through to [redacted]. Surveyor review of the facility policy and procedure titled, "Policy Interpretation and Implementation" revealed, "... 3. Abuse Investigation ... b. The alleged abuser will be asked to leave the premises pending investigation. c. The Administrator and the Director of Nursing Services will conduct an investigation ..." On 10/16/23 at 4:52 p.m., the surveyor requested a removal plan from the Administrator for failing to implement facility's policies and procedures, including participants rights to prevent and/or recognize [redacted] which placed all participants at risk for [redacted] NJ Exec Order 26.4b1. On 10/20/23 at 1:09 p.m., the facility submitted an acceptable removal plan.	M 223		

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M 223	Continued From page 5 On 10/27/23 an onsite revisit was conducted to ensure all elements of the accepted removal plan was implemented. At 11:06 a.m., the surveyor interviewed the ADM who confirmed all management and staff were in-serviced on understanding NJ Exec Order 26.4b1 . In addition, the Administrator stated management was trained on investigating and reporting NJ Exec Order 26.4b1 to the local and state authorities. During the revisit, the surveyors interviewed 10 staff members, and they all stated they were recently trained and in-serviced on NJ Exec Order 26.4b1 . The surveyors reviewed the documented training and verified the training was completed. Refer to: M-0327, 8:43F-4.2(a)(8) and M-0421, 8:43F-6.3(e)(1)(i)	M 223		
M 265	8:43F-3.4(a)(6) Administration (a) The facility shall notify the Department immediately by telephone at 609-633-9034 (609-392-2020 after business hours), followed by written confirmation within 72 hours of the following: 6. All alleged or suspected crimes committed by or against participants, which shall also be reported at the time of occurrence to the local police department.	M 265		

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M 265	Continued From page 6 This REQUIREMENT is not met as evidenced by: Complaint #: NJ00167473 Based on observation, interview, record review, and policy and procedure review, it was determined that the facility failed to report an NJ Exec Order 26.4b1 which occurred during program hours on NJ Exec Order 26.4b1, to the Department of Health (DOH) and the local police department, for 1 of 3 participants, Participant #2. This deficient practice was evidenced by the following: On 10/13/23 at 10:50 a.m., the surveyor reviewed the medical record of Participant #2 who was admitted to the program on NJ ex order 26.4b1 with diagnoses which include NJ ex order 26.4b1 On 10/16/23 at 11:05 a.m., the surveyors interviewed and observed the facility video footage of an NJ ex order 26.4b1 where Participant #2 NJ ex order 26.4b1. During interview, the facility Owner and the Administrator confirmed that the incident occurred on NJ ex order 26.4b1 and both confirmed they failed to notify the DOH and the local police department. On 10/13/23 at 1:08 p.m., the surveyor reviewed the administrative policy and procedure titled, "Abuse Policy Statement" provided by the Administrator which revealed, "Any allegations/suspensions of client abuse, neglect, or exploitation are taken very seriously at the Center	M 265		

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M 265	Continued From page 7 and will result in a thorough investigation and notification of the appropriate local and state authorities." Reference: M-0327, 8:43F-4.2(a)(8)	M 265		
M 327	8:43F-4.2(a)(8) Participant Rights (a) Participant rights, policies, and procedures shall ensure that, at a minimum, each participant admitted to the facility: 8. Is free from mental and physical abuse, free from exploitation, and free from the use of chemical and physical restraints. Medications shall not be used for punishment or for convenience of facility personnel. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00167473 Based on observation, interview, record, and pertinent documents reviewed on 10/13/23 and 10/16/23, it was determined that the facility failed to ensure that a participant was NJ Exec Order 26.4b1 [REDACTED] for 1 of 3 Participants, Participant #2, and failed to investigate an NJ Exec Order 26.4b1 [REDACTED] . This deficient practice was evidenced by the following: On 10/13/23 at 10:50 a.m., the surveyor reviewed	M 327		

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M 327	Continued From page 8 the medical record (MR) of Participant #2 which revealed Participant #2 was admitted to the Program on [REDACTED] with diagnoses of, [REDACTED] At 11:43 a.m., the surveyor interviewed a Registered Nurse (RN) regarding Participant #2's reason for the discharge from the program and the [REDACTED] event. The RN stated Participant #2 [REDACTED] In addition, the RN stated she "heard" the participant's daughter called the facility and alleged someone [REDACTED] but was not able to recall the date/time. The RN added, she heard the participant's daughter came to the facility and viewed a video footage of [REDACTED], date of the [REDACTED]. On 10/13/23 at 12:08 p.m., the surveyor interviewed the Administrator regarding the above [REDACTED]. The Administrator stated he and the facility Owner spoke with the participant's daughter via telephone, but did not recall the date/time. The Administrator explained the participant's daughter stated Participant #2 [REDACTED] The Administrator stated after he spoke with the participant's daughter he and the facility Owner viewed the facility's secure video footage and were unable to identify the [REDACTED] event. Later, the Administrator stated the participant's daughter viewed the video footage again and identified the participant [REDACTED] The surveyor then requested to view the video footage for the [REDACTED] incident including	M 327		

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M 327	Continued From page 9 the facility Investigative report. The Administrator stated he was unable to retrieve the video footage. The Administrator explained the facility did not complete an NJ Exec Order 26.4b1 investigation and did not report the allegation to the police or the Department of Health. Further NJ ex order 26.4b1 " which he did not see as NJ Exec Order 26.4b1 in nature to warrant an investigation. The Administrator acknowledged NJ ex order 26.4b1 but this discussion was not documented. The Administrator stated Participant #2's daughter called the police after the video footage was viewed and the police came to the facility a few days later [date and time unknown]. The Administrator stated he believed the police investigation superseded a facility investigation and therefore, did not conduct an investigation. As requested, a copy of the police "Investigation Report" was provided for review. At 12:28 p.m., the surveyor reviewed the police "Investigation Report" dated NJ ex order 26.4b1 which revealed, "Participant #2's daughter stated to the police that on NJ ex order 26.4b1, the [participant] was waiting to be picked up from the facility and an employee, the NJ ex order 26.4b1, NJ ex order 26.4b1 In addition, the police report indicated Participant #2's daughter showed the police the facility video footage in which the police observed the participant NJ ex order 26.4b1	M 327		

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M 327	Continued From page 10 At 12:52 p.m., the surveyor reviewed the AD's work schedule dated [NJ Exec Order 26.4b1] through [NJ Exec Order 26.4b1], which revealed the [NJ ex order 26.4b1] worked at the facility on [NJ ex order 26.4b1] and continued to work her regular schedule through [NJ ex order 26.4b1] without an investigation conducted by the facility. At 1:20 p.m., the surveyor interviewed the AD about Participant #2's care during program hours and the [NJ Exec Order 26.4b1]. [NJ ex order 26.4b1] [REDACTED] During the interview, the AD stated the Social Worker (SW) called her on [NJ ex order 26.4b1] the date of the incident, at approximately 2:15 p.m., and informed her Participant #2's daughter called the facility and stated a staff [NJ ex order 26.4b1] [REDACTED] At 3:49 p.m., the surveyor interviewed the SW regarding the [NJ Exec Order 26.4b1]. [REDACTED] The SW stated on a [NJ Exec Order 26.4b1] unsure of date [NJ ex order 26.4b1] at approximately 2:30 p.m., the participant's daughter called her and stated the [NJ ex order 26.4b1] [REDACTED] SW further stated she informed the participant's daughter the Administrator and owner were not available. The SW stated she then notified the AD of the allegation. The surveyor then asked the SW if the alternate Administrator was informed of the above incident when she [SW] became aware of the incident. The SW stated she did not inform the alternate Administrator who was the Director of Nursing (DON). Further, the SW stated on [NJ Exec Order 26.4b1] [REDACTED] she informed the Administrator and the Facility Owner of the [NJ Exec Order 26.4b1], and	M 327		

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M 327	Continued From page 11 the Administrator stated the participant's daughter already informed him. On 10/16/23 at 10:03 a.m., the surveyor interviewed the facility Owner regarding the NJ Exec Order 26.4b1. The facility Owner stated she viewed the facility video footage with the Administrator and the Participant #2's daughter, unsure of the date/time, after receiving a call from Participant #2's daughter. The facility Owner explained after viewing the video footage, the daughter decided the participant would no longer attend the Program. In addition, the facility Owner confirmed she did not complete an investigation of the NJ Exec Order 26.4b1. At 10:44 a.m., the surveyor interviewed the DON who confirmed she was the alternate Administrator. The DON stated on NJ ex order 26.4b1 she spoke with the participant's daughter and advised her to call the facility on NJ Exec Order 26.4b1 NJ ex order 26.4b1 when the Administrator and owner would be available. The DON confirmed she did not complete an investigation of the NJ Exec Order 26.4b1. On 10/16/23 at 11:05 a.m., the surveyors in the presence of the Administrator and the facility Owner, viewed the video dated for NJ ex order 26.4b1 and timed 12:54:32 p.m. The video was only visual and did not contain audio. The surveyors observed Participant #2 seated in a chair in the common area. The participant was observed standing up from the chair. NJ ex order 26.4b1 NJ ex order 26.4b1 The surveyors also observed NJ ex order 26.4b1 NJ ex order 26.4b1	M 327		

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M 327	Continued From page 12 At 12:30 p.m., the surveyor reviewed the policy and procedure titled, "Abuse Policy Statement" which revealed, "All clients of Home Away From Home Adult Day Care have the right to be treated with dignity and respect and to be free from any abuse ...Any allegations/suspicious of client abuse ...will result in a thorough investigation and notification of the appropriate local and state authorities. ..." In addition, the surveyor reviewed the facility policy and procedure titled, "Rights of each Participant" which revealed "...It is the responsibility of Home Away From Home Adult Day Care to be sure that every participant: ...7. Is free from physical and mental abuse ...". Further, the surveyor reviewed the policy and procedure titled, "Accidents and Incidents" which revealed "...No matter how minor an accident or incident may seem, it must be reported to the department manager who begins investigation and completes an Accident/Incident Report Form. ..." The surveyor also, reviewed the facility policy and procedure titled, "Interpretation and Implementation" which revealed, "...1. Abuse Prevention ... c. ...Department managers are taught to recognize signs, which could be precursors to abuse such as, frustration, impatience, and general aggressive complaints. ... 3. Abuse Investigation ... Once an allegation of abuse is made: ... b. The alleged abuser will be asked to leave the premises pending investigation. c. The Administrator and the Director of Nursing Services will conduct an investigation..." On 10/16/23 at 4:52 p.m., the surveyor requested a removal plan from the Administrator for failing	M 327			

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M 327	Continued From page 13 to recognize NJ Exec Order 26.4b1 , and failing to investigate an NJ Exec Order 26.4b1 which placed all participants at risk for NJ Exec Order 26.4b1 On 10/20/23 at 1:09 p.m., the facility submitted an acceptable removal plan. On 10/27/23 at 11:06 a.m., the surveyor interviewed the ADM who stated all management and staff were in-serviced on understanding NJ Exec Order 26.4b1 . In addition, the Administrator stated management was trained on investigating and reporting NJ Exec Order 26.4b1 to the local and state authorities. During interview with the facility staff, the staff stated they were recently trained and in-serviced on NJ Exec Order 26.4b1 . The surveyor reviewed the documented training and verified the removal plan was implemented.	M 327			
M 421	8:43F-6.3(e)(1)(i) General Services (e) The facility shall develop and implement a staff orientation plan and a staff training and education plan, including plans for each service and designation of person(s) responsible for ongoing training. 1. All staff shall receive orientation at the time of employment and ongoing in-service training regarding, at a minimum, emergency plans and procedures, the infection prevention and control services, participant rights, and elder abuse. i. The facility shall document ongoing in-service training of all staff.	M 421			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 308120	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/27/2023
NAME OF PROVIDER OR SUPPLIER HOME AWAY FROM HOME ADULT DAY CARE CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 263 HILLSIDE AVENUE NUTLEY, NJ 07110		
(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 421	Continued From page 14 This REQUIREMENT is not met as evidenced by: Complaint #: NJ00167473 Based on interview, record review, and policy and procedure review on 10/13/23 and 10/16/23, it was determined the facility failed to provide documented ongoing training on "Abuse" and "Rights of each Participant" for 4 of 4 employees, as evidenced by the following: On 10/13/23 at 9:48 a.m., the surveyor interviewed the Administrator regarding employee training records. The Administrator stated the employee training and in-services were all tracked on paper and maintained in a folder. The surveyor requested the employee training and in-service folder from the Administrator for review. On 10/13/23 and 10/16/23, the surveyor reviewed the employee files of the Activity Director (AD), the Activity Assistant (AA), the Social Worker (SW), and the Home Health Aide (HHA) for "Abuse" and "Rights of each Participant" training which revealed the following: On 10/13/23 the surveyor reviewed the AD's employee file which revealed the NJ ex order 26.4b1 and the last received "Abuse" and "Rights of each Participant" documented training occurred during facility orientation on NJ ex order 26.4b1.	M 421		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 308120	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/27/2023
NAME OF PROVIDER OR SUPPLIER HOME AWAY FROM HOME ADULT DAY CARE CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 263 HILLSIDE AVENUE NUTLEY, NJ 07110		
(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 421	Continued From page 15 On 10/16/23 the surveyor reviewed the AA's employee file which revealed the [REDACTED] NJ ex order 26.4b1 and the last received "Abuse" and "Rights of each Participant" documented training occurred during facility orientation on [REDACTED] NJ ex order 26.4b1. On 10/16/23 the surveyor reviewed the SW's employee file which revealed the [REDACTED] NJ ex order 26.4b1 and the last received "Abuse" and "Rights of each Participant" documented training occurred during facility orientation on [REDACTED] NJ ex order 26.4b1. On 10/16/23 the surveyor reviewed the HHA's employee file which revealed the [REDACTED] NJ ex order 26.4b1 and the last received "Abuse P" and "Rights of each Participant" documented training occurred during facility orientation on [REDACTED] NJ ex order 26.4b1. On 10/16/23 at 10:44 a.m., the surveyor interviewed the Director of Nursing (DON) regarding employee training and in-services. The DON stated the Administrator kept track of the training and in-services. The DON stated the last training and in-services on "Abuse" and "Rights of each Participant" were last received in [REDACTED] NJ ex order 26.4b1. On 10/13/23 at 1:47 p.m., and on 10/16/23 at 11:15 a.m., the surveyor interviewed the Administrator regarding employee training and in-services. The Administrator stated the employee training and in-services documentation were located in different areas of the facility. The Administrator explained he was unable to retrieve and provide the employee training and in-services documents that were scanned in computer system. The surveyor reviewed the facility policy and procedure titled, "Staff Education Plan" which indicated, "... Monthly in-service education is	M 421		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 308120	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/27/2023
NAME OF PROVIDER OR SUPPLIER HOME AWAY FROM HOME ADULT DAY CARE CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE 263 HILLSIDE AVENUE NUTLEY, NJ 07110		
(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 421	Continued From page 16 scheduled for all staff and mandatory attendance is required at the following: ... Abuse Policy and Procedure; ... abuse of the elderly... Participant Rights; ... Records of attendance at all educational/training sessions are maintained in the employee's personnel file." Refer to: M-0327, 8:43F-4.2(a)(8)	M 421			



263 Hillside Ave Nutley, NJ 07110

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Ref: Complaint Survey 10/27/2023

Plan of Correction

8:43F-3.1(b)(1-7) – M-0223

The facility failed to ensure its policies and procedures titled "Abuse Policy Statement", "Rights of each Participant", "Accidents and Incidents", "Staff Education Plan", and "Policy Interpretation and Implementation" were implemented for an **NJ Exec Order 26.4b1** with participant #2.

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

Correction: The facility hired a consultant to reinforce its policies and procedures and train administrative staff in how to properly assess abuse and neglect incidents that warrant an internal investigation. The facility shall ensure its policies and procedures titled "Abuse Policy Statement," "Rights of each Participant," "Accidents and Incidents," "Staff Education Plan," and "Policy Interpretation and Implementation" are immediately implemented.

Completion Date: 10/17/2023

Participant #2 did not return to the program after the alleged incident.

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

Correction: All participants attending the center have the potential to be affected by the deficient practice. The facility hired a consultant to train administrative staff in how to properly assess abuse and neglect incidents that warrant an internal investigation. The Administrator will enforce its policies and procedures titled "Abuse Policy Statement," "Rights of each Participant," "Accidents and Incidents," "Staff Education Plan," and "Policy Interpretation and Implementation." Completion Date: 10/17/23.



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

Correction:

- a. The administrator or designee shall investigate allegations/suspensions of client abuse, neglect, or exploitation on the date of the reported incident/accident. The investigation will include, but is not limited to, statements and interviews. All aspects of the investigation shall be clearly documented and notification of the appropriate local and state authorities when warranted.
- b. All employees were re-trained regarding participants' rights with emphasis on the participant's rights to be free of mental and physical abuse.
- c. The Consultant retrained the Administrator, Director of Nursing, Activities Director, and social workers, regarding the importance of:
 1. Taking immediate action to protect the safety of the participants when incidents occur that may cause harm to the participants and violate the participants' rights.
 2. Removing any employee suspected of abusing and violating the participants' rights.
 3. An investigation must be started on the day of the reported incident or accident and documented by the Administrator or his/her designee.
 4. The results of the investigation must be clearly documented and reviewed by the Administrator. **Completion Date: 10/26/2023, and ongoing training on policy and procedures**

4. How will the facility monitor its corrective actions to ensure that the deficiency does not recur.

Correction: The Administrator or designee shall review all incidents, accidents and investigations to ensure that the results of the investigation are documented properly, reported to the appropriate authorities at the State and local level (when warranted) and that the facilities' policies and procedures are followed. **Completion Date: 10/26/2023. Administrator or designee will review quarterly.**

*Accepted
11/5/24
[Signature]*



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8:43F-3.4(a)(6) – M-0265

The facility failed to report an **NJ Exec Order 26.4b1** which occurred during program hours to the DOH and the local police for participant #2.

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

Correction: The facility will immediately enforce policies and procedures concerning the notification of alleged abuse of any participant to the DOH and the local police. **Completion Date: 10-17-2023.**

Participant #2 did not return to the program after the alleged incident.

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

Correction: All participants attending the center have been affected by the deficient practice. All employees were retrained regarding the facility's policy concerning notification of the DOH and the local police. The facility hired a consultant to train administrative staff in proper procedures including participants' rights and proper notification procedures. **Completion Date: 10/26/2023.**

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



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Correction: A Consultant trained the administrative staff on the facility's policy for notification to the DOH and the local police when there is an allegation of abuse.

The administrator and his designee shall investigate any allegations/suspicion of client, neglect, exploitation, or abuse and the appropriate local and state authorities shall be notified. **Completion Date: 10/26/2023**

The consultant trained the Administrator, Director of Nursing, Activities Director and social workers about the following:

- a. Taking immediate action to protect the safety of the participants when incidents occur that may cause harm to the participants and violate the participants' rights.
- b. Removing any employee suspected of abusing and violating the participants' rights.
- c. On the day of the reported incident or accident, an investigation must be started and documented by the Administrator or his/her designee.
- d. The results of the investigation must be clearly documented and reviewed by the Administrator. Based on the results of the investigation, the Administrator shall notify the DOH and the local police of physical abuse.

Completion Date: 10/26/2023 and ongoing training on policy and procedures

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.

Correction: The Administrator or designee shall review all investigations to ensure that the results of the investigation are documented properly, reported to the appropriate authorities at the State and local level (when warranted) and that the facilities' policies and procedures of are followed. **Completion Date: 10/26/2023.**
Administrator or designee will review quarterly.

Accepted
11/5/24
[Signature]



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8:43F-4.2 (a)(8) – M-0327

The facility failed to ensure that Participant #2 was free from **NJ Exec Order 26.4b1** and failed to investigate an **NJ Exec Order 26.4b1**

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

Correction: The facility has hired a consultant to train administrative staff in how to properly assess abuse and neglect incidents that warrant an internal investigation. All employees, including the staff member involved, were retrained concerning participants' rights, with emphasis on what constitutes abuse and neglect, and the right to be free from mental and physical abuse.

Completion Date: 10/19/2023

Participant #2 did not return to the program after the alleged incident.

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

Correction: All participants attending the program have the potential to be affected by the deficient practice. The facility hired a consultant to train administrative staff in how to properly assess and document abuse and neglect incidents that warrant an internal investigation. **Completion Date: 10/17/23.**

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



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Correction: Any employee who is seen or suspected to be mentally or physically abusing a participant shall be immediately removed from the facility as indicated in the facility policies and procedures "Home Away from Home Adult Care Center Policy Implementation" until the facility completes an internal investigation. **Completion Date: 10/17/2023.**

The facility policy and procedures about monthly in-service education was revised from monthly training to yearly and as-need. **Completion Date: 12/06/2023.**

The facility hired a consultant to retrain the administrative staff regarding the importance of the following:

- a). An investigation must be started and documented by the administrator or designee as soon as practicable as the incident is reported, but not later than the same day.
- b). The administrator or designee shall investigate allegations/suspicion of client abuse, neglect, or exploitation. The investigation should include, but is not limited to, statements and interviews. All aspects of the investigation shall be clearly documented and notifications made to the appropriate local and state authorities, when warranted.
- c). All employees were re-trained regarding participants' rights with emphasis on the participant's rights to be free of mental and physical abuse.

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The results of the investigation must be clearly documented and reviewed by the administrator. **Completed: 10/19/2023 and ongoing training on policy and procedures**

4. How will the facility monitor its corrective actions to ensure that the deficiency does not recur?



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Correction: Upon completion of all investigations of abuse, the Administrator or his designee shall review the results of the investigation to ensure that it includes documentation of statements and interviews. The outcome of the investigation shall be reported immediately to the State and local authorities when warranted. On a monthly basis, the Administrator or designee shall review all allegations of abuse / neglect to ensure that the facility is following the appropriate policies and procedures and that all reporting to state and local authorities is being made in a timely manner. **Completion Date: 10/19/2023.** Administrator or designee will review monthly.

8:43F-6.3(e)(1)(i) M0421

The facility failed to provide documented ongoing training on abuse and rights of each participant.

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

Correction: All employees, including but not limited to the Administrator, Activities' Director, Activity Assistant, Social Worker, Aide(s), and Director of Nursing were re-trained regarding "Participants' Rights," "Abuse Policy and Procedures." Records of employees' training are maintained in the Administrator's office and in the employees' records. **Completion Date: 10/19/2023.** Participant #2 did not return to the program after the alleged incident.

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



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Correction: All participants attending the center have the potential to be affected by the deficient practice. All employees, including but not limited to the Administrator, Activities' Director, Activity Assistant, Social Worker, Aides, and Director of Nursing were re-trained regarding "Participants' Rights," "Abuse Policy and Procedures." Records of employees' training are maintained in the Administrator's office and in the employees' records. **Completion Date: 10/19/2023.**

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

Correction: The facility policy and procedure entitled "Staff Education Plan which scheduled mandatory attendance for all staff (Aide, Social Workers, Activity Director, and Activity Assistant) to be trained on Abuse and Neglect of the Elderly and Participant Rights were immediately implemented. The staff were trained on 10/19/2023. The employees shall receive ongoing training regarding "Abuse and Neglect of the Elderly, and Participant Rights as stated in the deficiency, employee shall receive ongoing training. Documentation will be available to any State or local authorities upon request.

Documentation of all employees' training shall be kept in the Administrator's office and a copy will be placed in the employee's file. The Administrator or designee shall keep track of the trainings and review the employees' attendance roster after each training session to ensure that all employees have attended the training. **Completion Date: 12/06/2023. On hire and ongoing training on policy and procedures.**

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

Correction: The Administrator or his designee shall review the training roster monthly to ensure that all employees attended all trainings and to



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an*

ensure that documented evidence of employees training is in the Administrators' office and the employees' records. **Completion Date: 12/06/2023. Administrator or designee will review quarterly.**

NJ Exec Order 26.4b1

Administrator

Date

1/2/2024

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 308120	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 10/27/2023
NAME OF PROVIDER OR SUPPLIER HOME AWAY FROM HOME ADULT DAY CARE CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 263 HILLSIDE AVENUE NUTLEY, NJ 07110		
(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 #: NJ00167473 Census: 99 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}		

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

TITLE

(X6) DATE

12/14/23

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 308120	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/27/2023
NAME OF FACILITY HOME AWAY FROM HOME ADULT DAY CARE CENTER OF NUT	STREET ADDRESS, CITY, STATE, ZIP CODE 263 HILLSIDE AVENUE NUTLEY, NJ 07110	

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 M0265 Correction		ID Prefix M0327 Correction	
Reg. # 8:43F-3.1(b)(1-7) Completed		Reg. # 8:43F-3.4(a)(6) Completed		Reg. # 8:43F-4.2(a)(8) Completed	
LSC 01/03/2024		LSC 01/03/2024		LSC 01/03/2024	
ID Prefix M0421 Correction		ID Prefix Correction		ID Prefix Correction	
Reg. # 8:43F-6.3(e)(1)(i) Completed		Reg. # Completed		Reg. # Completed	
LSC 01/03/2024		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	
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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 10/27/2023		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			