

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SUNSHINE ADULT DAY HEALTH CARE CENTER

16 N. WASHINGTON AVENUE
BERGENFIELD, NJ 07621

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

TITLE

(X6) DATE

07/11/24

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 058110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/09/2024
NAME OF PROVIDER OR SUPPLIER SUNSHINE ADULT DAY HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 16 N. WASHINGTON AVENUE BERGENFIELD, NJ 07621		
(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 221	<p>Continued From page 1</p> <p>by: Complaint#: NJ00158863</p> <p>Based on observation and interview it was determined that the facility failed to ensure an Administrator was available on the premises of the facility during participants' programming hours or an Alternate Administrator (AA) was delegated in writing for 113 participants as evidenced by the following:</p> <p>On 5/9/2024 at 9:02 a.m., the surveyor arrived at the front desk of the facility and inquired the whereabouts of the Administrator. The receptionist stated the Administrator was on his way to the facility and could not identify the Alternate Administrator (AA). The receptionist then informed the Director of Nursing (DON) who also stated the Administrator was on his way and explained that she was not sure who was designated as the AA.</p> <p>At 9:22 a.m., the DON informed the surveyor that a license practical nurse (LPN) was designated as the AA. The surveyor then requested to speak with the LPN/AA but did not show up for interview through the survey.</p> <p>At 9:53 a.m., the surveyor interviewed the Administrator on arrival regarding not having an Administrator or AA present during participants' programming hours. The Administrator stated that an LPN was designated as the AA and should have come to the surveyor when requested.</p> <p>The facility failed to ensure an Administrator was available on the premises of the facility during participants' programming hours.</p>	M 221		

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M 223	Continued From page 2	M 223		
M 223	<p>8:43F-3.1(b)(1-7) Administration</p> <p>(b) The administrator shall be responsible for, but not limited to, the following:</p> <ol style="list-style-type: none"> 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; 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 	M 223		

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M 223	<p>Continued From page 3</p> <p>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#: NJ00158863</p> <p>Based on interview, record review, and review of pertinent facility document, it was determined that the facility failed to ensure its policies and procedures titled, "Supervision For Outside Breaks" and "Participant Plan of Care" were implemented for 1 of 3 participants reviewed for [NJ Exec Order 26.4b1] Participant #1. This deficient practice was evidenced by the following:</p> <p>On 5/9/24, at 9:00 a.m., the Department of Health (DOH) investigated a Reportable Event Report (RER) received from the facility on [NJ ex order 26.4b1] which revealed that Participant #1 [NJ ex order 26.4b1] Review of the RER revealed, "[Participant #1] [NJ Exec Order 26.4b1] when it was time to board the bus. ... group home notified ... [NJ Exec Order 26.4b1] began at 2:30PM ... At 7:32 PM the group home confirmed that [Participant #1] [NJ Exec Order 26.4b1] [his/her] place of residence. [Participant #1] reported, [NJ Exec Order 26.4b1] upon assessment."</p> <p>On 5/9/24 at 11:40 a.m., the surveyor reviewed the medical record (MR) of Participant #1 who was admitted to the program on [NJ ex order 26.4b1] with</p>	M 223		

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M 223	<p>Continued From page 4</p> <p>diagnoses which included NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)</p> <p>Additionally, the surveyor observed a document titled "Comprehensive Nursing Assessment" dated NJ ex order 26.4b1 completed by a Registered Nurse (RN). Under subcategory "Health Maintenance and Safety" the surveyor observed NJ ex order 26.4b1 next to NJ ex order 26.4b1 behavior. Participant #1 was assessed by the RN and deemed to have a NJ ex order 26.4b1 date of admission.</p> <p>At 12:06 p.m., the surveyor interviewed the Administrator regarding the policy "Supervision For Outside Breaks" and participant's plan of care. The Administrator stated supervised meant staff will know NJ Ex Order 26.4(b)(1) at all times. In addition, the Administration confirmed and explained that there was no care plan completed in the electronic health record (EHR) to address the participant's NJ Ex Order 26.4(b)(1) upon admission until NJ ex order 26.4b1 when the participant NJ ex order 26.4b1.</p> <p>The RN failed to developed a plan of care based upon Participant #1's initial assessment and NJ Ex Order 26.4(b)(1) Participant #1 when he/she NJ Ex Order 26.4(b)(1) for a break. In addition, the facility also failed to implement its policies and procedures to address the participant's NJ ex order 26.4b1</p> <p>The surveyor reviewed the facility policies and procedures titled "Supervision For Outside Breaks" which indicates " ... 3. Clients will be supervised by a staff member whenever going outside for a break ... " and "Participant Plan of Care" which indicates, " ... 1. Health care practitioners in each of the services participating</p>	M 223		

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M 223	Continued From page 5 in the participant's care develop that portion of plan of care which pertains to that service. Each portion of the plan of care include care to be provided based upon the participant assessment."	M 223		
M 375	8:43F-5.4(a)(1-5) Participant Assessment and Plan of Care (a) A written interdisciplinary plan of care shall be developed, based on the initial and interdisciplinary assessment, within 30 days of the date the participant first attends the program. The plan of care shall include, but not be limited to, the following: 1. The participant's scheduled days of attendance; 2. The specific goals of care, if appropriate; 3. The participant's needs and preferences for himself or herself; 4. Orders for treatment or services, medications, and diet, if needed; and 5. The time intervals at which the participant's response to treatment will be reviewed.	M 375		

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M 375	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00158863</p> <p>Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to develop a plan of care based on the initial assessment, of a participant within 30-days of admission to the program for 1 of 3 participants, Participant #1. The deficient practice was evidenced by the following:</p> <p>On 5/9/24 at 11:40 a.m., the surveyor reviewed the medical record (MR) of Participant #1 who was admitted to the program on [REDACTED], with diagnoses [REDACTED] NJ ex order 26.4b1</p> <p>Additionally, the surveyor observed a document titled "Comprehensive Nursing Assessment" dated [REDACTED] completed by a Registered Nurse (RN). Under subcategory "Health Maintenance and Safety" the surveyor observed [REDACTED] written next to [REDACTED] NJ ex order 26.4b1". Participant #1 was assessed by the RN and [REDACTED] NJ ex order 26.4b1 on [REDACTED] NJ ex order 26.4b1, date of admission.</p> <p>However, the surveyor did not observe documented evidence to show that the plan of care was developed to reflect the participant's [REDACTED] NJ Ex Order 26.4(b)(1) on admission until [REDACTED] NJ ex order 26.4b1 when the participant [REDACTED] NJ Ex Order 26.4b1 from the facility.</p> <p>At 12:06 p.m. the surveyor interviewed the Administrator regarding the participant's plan of care. The Administrator stated he was unaware</p>	M 375		

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M 375	Continued From page 7 that Participant #1 had NJ Exec Order 26.4b1 upon admission. The Administrator explained that the RN who completed the admission assessment no longer is employed at the facility and confirmed that there was no NJ Exec Order 26.4b1 care plan initiated prior to NJ Exec Order 26.4b1 Refer to 8:43-3.1(b)(1-7)	M 375		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 058110	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/15/2024
NAME OF FACILITY SUNSHINE ADULT DAY HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 16 N. WASHINGTON AVENUE BERGENFIELD, NJ 07621	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix M0221	Correction	ID Prefix M0223	Correction	ID Prefix M0375	Correction
Reg. # 8:43F-3.1(a)	Completed	Reg. # 8:43F-3.1(b)(1-7)	Completed	Reg. # 8:43F-5.4(a)(1-5)	Completed
LSC	05/10/2024	LSC	07/10/2024	LSC	07/10/2024
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 5/9/2024		<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			