

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 708116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/29/2020
NAME OF PROVIDER OR SUPPLIER 2ND HOME PASSAIC, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 63 GROVE STREET PASSAIC, NJ 07055		
(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 #: NJ 00139768 Census: 0 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 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		

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

TITLE

(X6) DATE

12/09/20

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M 265	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00139768</p> <p>Based on interview and record review it was determined that the facility failed to report an [redacted] or [redacted] to the Department of Health (DOH) in a timely manner for 1 of 3 participants reviewed, Participant #1. This deficient practice was evidenced by the following:</p> <p>The surveyor reviewed the Reportable Event Report (RER) form dated [redacted] completed by a Social Worker (SW) which documented that Participant #1 reported to the SW on [redacted] that [redacted] NJ ex order 26.4b1 [redacted].</p> <p>According to the report, the incident occurred on [redacted] NJ ex order 26.4b1 [redacted].</p> <p>On 9/29/29 at 9:30 a.m., during an entrance conference, the surveyor interviewed the SW/ Alternative Administrator regarding the [redacted] NJ ex order 26.4b1 [redacted].</p> <p>The SW stated that on [redacted] NJ ex order 26.4b1 [redacted] approximately 12:30 p.m., she received a telephone call from Participant #1 [redacted] NJ ex order 26.4b1 [redacted].</p> <p>Further, the SW stated that she asked the participant why he/she did [redacted] NJ ex order 26.4b1 [redacted] NJ ex order 26.4b1 [redacted].</p> <p>The SW stated that Participant #1 [redacted] NJ ex order 26.4b1 [redacted] and later stated that it</p>	M 265		

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M 265	<p>Continued From page 2</p> <p>NJ ex order 26.4b1</p> <p>[REDACTED]</p> <p>In addition, the SW stated that she asked the participant why the incident was not reported immediately to the facility. The SW stated that the participant stated that he/she forgot to report the incident and just remembered now that he/she saw the driver. The SW stated that she immediately initiated an investigation and provided the participant with NJ Exec Order 26.4b1 and that the participant stated that he/she NJ Exec Order 26.4b1</p> <p>[REDACTED]</p> <p>The SW explained that based on interviews, statements and the participant's NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1, the facility NJ ex order 26.4b1</p> <p>[REDACTED] The SW provided the surveyor with the investigative report and stated that the NJ ex order 26.4b1</p> <p>[REDACTED]</p> <p>During continued interview, the surveyor asked the SW if the aforementioned incident was reported to the DOH immediately when the facility became aware of the NJ Exec Order 26.4b1 aforementioned incident. The SW confirmed that she did not report the incident immediately to the DOH and that she was not aware of the reporting time frame. She explained that the incident was reported to DOH when the Administrator directed her to do so.</p> <p>At 10:05 a.m., the surveyor reviewed Participant #1's "Member Information" which indicated that the participant was admitted to the program in</p>	M 265			

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M 265	<p>Continued From page 3</p> <p>NJ ex order 26.4b1 The "Quarterly Interdisciplinary Conference" dated NJ ex order 26.4b1 indicated that the participant was NJ ex order 26.4b1.</p> <p>At 12:30 p.m., the surveyor placed a telephone call to Participant #1 at his/her home. The participant did not want to participate in an interview with the surveyor, therefore, the surveyor was not able to complete the interview.</p> <p>Post survey on 10/1/20 at 1:45 p.m., the surveyor interviewed the NJ Exec Order 26.4b1 driver and he stated that he never went into the participant's house nor NJ Exec Order 26.4b1 the participant. The driver stated that on NJ ex order 26.4b1 that he went to deliver lunch to participant and that the participant called him to bring the lunch into the house because he/she NJ Exec Order 26.4b1. The driver stated that usually he would leave the lunch on the table on the porch and the participant would pick up the lunch.</p> <p>The driver continued that when he went to deliver the lunch bag that the participant was already outside on the porch waiting for him. He stated that the participant asked him to carry the lunch bag into the house because he/she NJ Exec Order 26.4b1. The driver stated that he carried the bag closer to the front door but was not going to go in because they were not allowed to go into participants' home.</p> <p>The driver stated that he placed the participant's lunch bag at the front door and left and that there was no contact between them. NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1</p> <p>The driver explained that the participant thought that he [driver] NJ ex order 26.4b1</p>	M 265		

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M 265	<p>Continued From page 4</p> <p>NJ ex order 26.4b1</p> <p>The surveyor reviewed the policy and procedure titled, "Reporting Suspected Patient Abuse or Exploitation" indicated, "The facility shall report to adult protective services any suspected case of participant abuse or exploitation that occurred outside the facility that is discovered by the facility, if the participant is 65 or older. For adults under 65 the facility shall notify the Department of Health and Senior Services."</p>	M 265			



63 Grove St. Passaic, NJ 07055
Phone: 973-779-4228 Fax: 973-779-4238

November 19, 2020

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

The corrective action will be accomplished for the residents found to have been affected by the deficient practice in that this client, Participant #1 NJ ex order 26.4b1

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

The Administrator reviewed all incident/accident reports from 2019/2020 to ensure that an investigation has been conducted for each incident/accident and if it needed to be reported. None were identified.

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

- A. Any and all incidents/accidents will be reported immediately to the Administrator and Chief Clinical Officer.
- B. All employees have been in serviced on reporting any incidents/accidents of client concerns by reporting directly to the Administrator.
- C. Upon hire, all employees will be in-serviced on all incidents/accidents and client complaints. To be completed by administrator by 11/30/20.

4. How the facility will 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.

- A. All in-services on incidents/accidents will be placed in employee file to ensure that it is occurring no later than 11/30/20.
- B. Employees files will be reviewed by Administrator, NJ Ex Order 26.4b1 on yearly basis to ensure all in-services are completed. This will be completed by 11/30/20.
- C. Any and all accidents and incidents will be discussed with the Chief Clinical Officer, NJ Ex Order 26.4b1 to decide the required follow – up.
- D. Incidents/Accident reports shall be placed in a binder specific for Incidents. This binder shall be developed by the administrator and will contain all client complaints, accidents, incidents and will be available for review by the Chief Clinical Officer, NJ Ex Order 26.4b1.

- E. Binder shall include complaint form, detailing incident, investigational findings and outcome.
- F. A random review of the binder by the Chief Clinical Officer shall be conducted at a minimum of monthly to ensure all required incidents/accidents are reported to state within 72 hours. Completion date 11/30/20.

Sincerely,

NJ Exec Order 26.4b1

NJ Exec Order 26.4b1 Administrator

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 708116	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/1/2020
NAME OF FACILITY 2ND HOME PASSAIC, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 63 GROVE STREET PASSAIC, NJ 07055	

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 M0265	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:43F-3.4(a)(6)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/30/2020	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	
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 9/29/2020		<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			