

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 83014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/07/2025
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NAME OF PROVIDER OR SUPPLIER COMMUNICARE ADULT DAY HEALTH C	STREET ADDRESS, CITY, STATE, ZIP CODE 309 FRIES MILL ROAD SEWELL, NJ 08080
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(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	<p>Initial Comments</p> <p>Complaint # NJ00188389</p> <p>Census: 74</p> <p>Sample Size: 3</p> <p>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.</p>	M 000		
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, 	M 223		

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

TITLE

(X6) DATE

01/08/26

New Jersey Department of Health

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M 223	<p>Continued From page 1</p> <p>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 #: NJ 00188389</p> <p>Based on interview and record review, it was determined that the Administrator failed to ensure the implementation and enforcement of the policy titled, "Incident/Accident Management", for 1 of 3 participants reviewed, Participant #2. This deficient practice was evidenced by the following:</p>	M 223		

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M 223	<p>Continued From page 2</p> <p>On 10/7/25 at 10:10 a.m., the surveyor interviewed Employee #1, a bus driver (BD) and inquired about his responsibilities as a driver when transporting participants. The BD stated that he drove participants to and from the facility. The BD further stated that he assisted the participants onto the bus from their homes and off of the bus upon arrival to the facility. The BD also stated if a participant had a wheelchair, that he secured their wheelchairs and received training upon employment on how to properly secure a wheelchair on the bus.</p> <p>During continued surveyor interview, the surveyor inquired if the BD was aware of any recent incidents on the bus and how incidents were handled during transport. The BD stated that there was an incident with Participant #2 on the bus a few months ago. The BD stated that after he loaded Participant #2 onto the bus and secured the participant's wheelchair, the participant's NJ Ex Order 26.4(b)(1) when the BD started to pull out of Participant #2's driveway. The BD explained that Participant #2 had NJ Exec Order 26.4b1 and that the participant, "NJ Ex Order 26.4(b)(1)."</p> <p>Additionally, the surveyor asked the BD if Participant #2 was NJ Exec Order 26.4b1 and the BD stated that the participant NJ Exec Order 26.4b1 on the bus door but otherwise seemed NJ Exec Ord. The BD stated that he immediately called the facility and asked for the nurse, a Licensed Practical Nurse (LPN) to let her know that Participant #2's NJ Exec Order 26.4b1. The BD stated that the LPN asked if Participant #2 was NJ Exec Ord and that since the bus was still in the participant's driveway, the BD drove Participant #2 back to the group home staff.</p>	M 223		
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M 223	<p>Continued From page 3</p> <p>During a follow up interview with the BD at 1:05 p.m., the surveyor inquired if he knew how Participant #2's NJ Exec Order 26.4b1. The BD stated that in addition to Participant #2 NJ Exec Order 26.4b1 his/her NJ Exec Order 26.4b1 the BD explained that he realized he must not have connected one of the two straps that NJ Exec Order 26.4b1 and stated, "that was my fault." The BD also stated that he NJ Exec Order 26.4b1 Participant #2 NJ Ex after the NJ Exec Order 26.4b1 and took the participant back to the group home. The BD stated that he received education after the incident and that he kept a close eye on Participant #2 during transport.</p> <p>At 10:29 a.m., the surveyor interviewed the Administrator via telephone and inquired about the incident that occurred on NJ Exec Order 26.4b1. The Administrator stated that she was not aware of the incident the day it happened and that the BD reported the incident to the LPN. The Administrator stated that she was made aware of the incident but was not sure exactly when. The Administrator further stated that she agreed with the decision to take Participant #2 back to the group home since the bus was still in the driveway.</p> <p>The surveyor inquired about the facility policy regarding incidents. The Administrator stated that it depended on the situation and that if a participant was NJ Ex Order 26.4b1 that the BD would pull over and call NJ Exec C. Further, the Administrator stated that in this case, Participant #2 was not NJ Exec Order 26.4b1 and only had a NJ Exec Order 26.4b1 ", and that the BD had just left the driveway.</p> <p>The surveyor inquired if there was an incident report or investigation completed regarding the above incident. The Administrator stated that if</p>	M 223		
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M 223	<p>Continued From page 4</p> <p>NJ Ex Order 26.4 had happed at the program, an incident report would have been completed, but since it did not happen at the program, the Administrator did not think that an incident report was completed, but would follow up. The surveyor was not provided with an incident or investigation report during the survey.</p> <p>At 11:00 a.m., the surveyor reviewed Participant #2's medical record (MR) which revealed that the participant was enrolled in NJ Exec Order 26.4 of NJ Exec Ord with diagnoses of NJ Exec Order 26.4b1</p> <p>NJ Exec Order 26.4. Further review of the MR revealed no documentation to reflect the bus incident for Participant #2.</p> <p>At 11:07 a.m. the surveyor interviewed the LPN regarding the NJ Exec Order 26.4 incident when Participant #2's NJ Exec Order 26.4b1. The LPN confirmed that since the bus was still in Participant #2's driveway, that she advised the BD to take the participant back into the group home. The surveyor inquired if Participant #2 was NJ Exec Order 26.4 and the LPN stated, "I don't think so." The LPN stated that Participant #2 may have NJ Exec Order 26.4 his/her NJ Exec Order 26.4 and that the participant NJ Exec Order 26.4 because he/she was on NJ Exec Order 26.4b1. The LPN further confirmed that the group home took Participant #2 to "NJ Exec Order 26.4b1" for evaluation.</p> <p>At 11:50 a.m., the surveyor interviewed the Director of Nursing (DON) and inquired about documentation of the bus incident which involved Participant #2 and the DON stated that documentation of incidents should be in the progress notes (PN). The DON reviewed the PN in the presence of the surveyor and the DON stated that she must not have written a note.</p>	M 223		
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M 223	<p>Continued From page 5</p> <p>During continued interview with the DON, the surveyor inquired if she knew that Participant #2 had a history of NJ Exec Order 26.4b1 during bus transport to and from the center. The DON stated that Participant #2 had a history of NJ Exec Order 26.4b1, however she did not recall that the participant had a history of NJ Exec Order 26.4b1 while on the bus.</p> <p>The surveyor reviewed an undated documented titled, "Duties and Responsibilities" for the Administrator, which revealed, ...13. Investigate/monitor all incidents/accidents to completion of necessary action for resolution..."</p> <p>Additionally, the surveyor reviewed an undated facility policy titled, "Incident/Accident Management", which revealed, ...An incident is any happening which is not consistent with the routine operation of the facility or the routine care of a particular participant. An incident may be described as an injury to a participant...or any other unusual occurrence requiring documentation...When an incident or accident occurs, the following procedures shall be followed...2. If a participant...is injured, immediate medical attention must be sought...at the nearest emergency center if it occurs away from the Center. All injured participants shall be transported to a hospital emergency room for medical evaluation unless they refuse to do so...5. As soon as the immediate safety and medical needs of the participant...has been taken care of, the staff member shall verbally report the incident to his/her Director. The Director shall report the incident to the Administrator. 6. Documentation of the incident/accident must be completed before the staff member finishes work and leaves the Center the day of the incident ..."</p>	M 223		

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M 377	Continued From page 6	M 377		
M 377	<p>8:43F-5.4(b) Participant Assessment and Plan of Care</p> <p>The interdisciplinary plan of care shall be based on the comprehensive assessments provided by nursing, dietary, activities, and social work staff; and when ordered by the physician, advanced practice or physician assistant, other health professionals, including pharmacy consultation, shall also provide assessments. The plan of care shall include measurable objectives with interventions based on the participant's care needs and means of achieving each goal. The complete plan of care shall include, if appropriate, rehabilitative/restorative measures, preventive intervention, and training and teaching of self-care.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ 00188389</p> <p>Based on interview and record review, it was determined that the facility failed to update the plan of care with interventions and preventive measures based on the participant's care needs for 1 of 3 participants reviewed, Participant #2. This deficient practice was evidenced by the following:</p> <p>On 10/7/25 at 10:10 a.m., the surveyor interviewed Employee #1, a bus driver (BD) and inquired if he was aware of any recent incidents on the bus and how incidents were handled during transport. The BD stated that there was an incident with Participant #2 on the bus a [REDACTED] [REDACTED] The BD stated that after he loaded</p>	M 377		

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M 377	<p>Continued From page 7</p> <p>Participant #2 onto the bus and secured the participant's wheelchair, Participant #2's NJ Exec Order 26.4b1 when the BD started to pull out of the participant's driveway. The BD explained that Participant #2 had NJ Exec Order 26.4b1 and that the participant, NJ Ex Order 26.4(b)(1) "</p> <p>At 11:00 a.m., the surveyor reviewed Participant #2's medical record (MR) which revealed that the participant was enrolled in program in NJ Exec Order 26.4 of NJ Exec Ord with diagnoses of NJ Exec Order 26.4b1</p> <p>At 11:07 a.m. the surveyor interviewed the LPN who stated that she was aware of the incident on NJ Exec Order 26.4 when Participant #2's NJ Exec Order 26.4b1 The LPN stated that since the bus was still in Participant #2's driveway, that she advised the BD to take the participant back to the group home. The surveyor inquired if Participant #2 was NJ Exec Order 26.4 and the LPN stated, "I don't think so." The LPN stated that Participant #2 may have NJ Exec Order 26.4b1, and that the participant NJ Exec Order 26.4b1 because the participant was on NJ Exec Order 26.4b1</p> <p>During an interview with the Director of Nursing (DON), the surveyor inquired if she knew that Participant #2 had a history of NJ Exec Order 26.4b1 during bus transport to and from the center. The DON stated that Participant #2 had a history of NJ Exec Order 26.4b1 his/her NJ Exec Order 26.4b1, however she did not recall that the participant had a history of NJ Exec Order 26.4b1 while on the bus.</p> <p>Additionally, the surveyor reviewed Participant #2's medication list dated NJ Exec Order 26.4 The survey</p>	M 377		

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M 377	<p>Continued From page 8</p> <p>interviewed the DON and inquired about an updated medication list and use of NJ Exec Order 26.4b1. The DON stated that Participant #2 had a history of NJ Exec Order 26.4b1 and she thought that the participant was on more than just NJ Exec Order 26.4b1. The DON explained that she had been trying to obtain an updated medication list from the physician, but that the physician had not yet provided the updated list.</p> <p>The surveyor reviewed Participant #2's Individual Interdisciplinary Plan of Care (ICP) dated NJ Exec Order 26.4b1, which included review dates of NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The surveyor observed no documented evidence to reflect the incident that occurred on NJ Exec Order 26.4b1 or interventions to reduce NJ Exec Order 26.4b1 risk related to the participant's history of NJ Exec Order 26.4b1. Additionally, the surveyor observed no documentation to reflect the use of NJ Exec Order 26.4b1 precautions on Participant's Plan of Care.</p> <p>The surveyor reviewed an undated policy titled, "Interdisciplinary Team Meeting", which revealed, "4. Each discipline shall come prepared with his/her evaluation of the participant's identified needs (problems), strengths and weaknesses ...6. Each discipline shall come prepared with suggested long term goals...and short term goals ...9. The Director of Nursing shall complete the final care plan record within 1 week of the meeting ...11. Documentation of the meeting shall be kept by the Director of Nursing."</p> <p>Refer to 8:36 43F-3.1(b)(1-7)</p>	M 377		
M 821	<p>8:43F-17.1(a)(1) Transportation Services</p> <p>(a) The facility shall provide safe transportation</p>	M 821		

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M 821	<p>Continued From page 9</p> <p>services, either directly or through contractual arrangements, to all participants who require transportation between the facility and the participant's home. No participant's total transportation time between the facility and the participant's home shall exceed two hours daily.</p> <p>1. In accordance with N.J.A.C. 8:86, the facility shall accommodate the special transportation needs of the participant and the medical equipment used by the participant.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ 00188389</p> <p>Based on interview and record review, it was determined that the facility failed to maintain participant safety during transportation, for 1 of 3 participants reviewed, Participant #2. This deficient practice was evidenced by the following:</p> <p>On 10/7/25 at 10:10 a.m., the surveyor interviewed Employee #1, a bus driver (BD) and inquired about his responsibilities as a driver when transporting participants. The BD stated that he drove participants to and from the facility. The BD further stated that he assisted the participants onto the bus from their homes and off of the bus upon arrival to the facility. The BD</p>	M 821		

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M 821	<p>Continued From page 10</p> <p>stated that if a participant had a wheelchair, that he secured their wheelchairs in the bus. The BD confirmed that he received training upon employment on how to properly secure a wheelchair on the bus.</p> <p>During continued surveyor interview, the surveyor inquired if the BD was aware of any recent incidents on the bus and how incidents were handled during transport. The BD stated that there was an incident with Participant #2 on the bus a [NJ Exec Order 26.4b1]. The BD stated that after he loaded Participant #2 onto the bus and secured the participant's wheelchair, the participant's [NJ Exec Order 26.4b1] when the BD started to pull out of Participant #2's driveway. The BD explained that Participant #2 had [NJ Exec Order 26.4b1] and that the participant, [NJ Ex Order 26.4(b)(1)]."</p> <p>Additionally, the surveyor inquired if the BD knew how Participant #2's [NJ Exec Order 26.4b1]. The BD stated that in addition to Participant #2 [NJ Exec Order 26.4b1], the BD explained that he realized he must not have [NJ Ex Order 26.4(b)(1)] that [NJ Exec Order 26.4b1] to the bus and stated, "that was my fault." The BD stated that he received education after the incident and that he now kept a close eye on Participant #2 during transport after the [NJ Exec Order 26.4b1] incident.</p> <p>The surveyor asked the BD if Participant #2 was injured, and the BD stated that the participant [NJ Ex Order 26.4b1] on the [NJ Exec Order 26.4b1] but otherwise seemed [NJ Exec Ord]. The BD stated that he immediately called the facility and asked for the nurse, a Licensed Practical Nurse, (LPN), to let her know that Participant #2's [NJ Exec Order 26.4b1] bus.</p>	M 821		

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M 821	<p>Continued From page 11</p> <p>At 11:00 a.m., the surveyor reviewed Participant #2's medical record (MR) which revealed that the participant was enrolled in the program in [redacted] of [redacted] with diagnosis of [redacted]. Further review of the MR revealed no documentation to reflect the bus incident that occurred on [redacted] which involved Participant #2.</p> <p>At 11:50 a.m., the surveyor interviewed the Director of Nursing (DON) and inquired if she knew that Participant #2 had a history of [redacted] during bus transport to and from the center. The DON stated that Participant #2 had a history of [redacted], however she did not recall that the participant had a history of [redacted] while on the bus.</p> <p>Refer to 8:36 43F-3.1(b)(1-7)</p>	M 821		
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 83014	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/8/2026
NAME OF FACILITY COMMUNICARE ADULT DAY HEALTH C		STREET ADDRESS, CITY, STATE, ZIP CODE 309 FRIES MILL ROAD SEWELL, NJ 08080

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 M0377	Correction	ID Prefix M0821	Correction
Reg. # 8:43F-3.1(b)(1-7)	Completed	Reg. # 8:43F-5.4(b)	Completed	Reg. # 8:43F-17.1(a)(1)	Completed
LSC	12/22/2025	LSC	12/29/2025	LSC	12/29/2025
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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 10/7/2025		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 83014	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/8/2026
NAME OF FACILITY COMMUNICARE ADULT DAY HEALTH C		STREET ADDRESS, CITY, STATE, ZIP CODE 309 FRIES MILL ROAD SEWELL, NJ 08080

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 M0377	Correction	ID Prefix M0821	Correction
Reg. # 8:43F-3.1(b)(1-7)	Completed	Reg. # 8:43F-5.4(b)	Completed	Reg. # 8:43F-17.1(a)(1)	Completed
LSC	12/22/2025	LSC	12/29/2025	LSC	12/29/2025
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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 10/7/2025		<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		