

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 83014	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/28/2022
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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 DEFIC ENCS (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	D 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>Type of Survey: Complaint</p> <p>Census: 55</p> <p>Sample Size: 4</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 263	<p>8:43F-3.4(a)(5) Administration</p> <p>(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:</p> <p>5. All fires, all disasters, and all deaths resulting from accidents or incidents in the facility or related to facility services. The written confirmation shall contain information about injuries to participants and/or personnel, disruption of services, and extent of damages.</p>	M 263		

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

TITLE

(X6) DATE

08/18/22

New Jersey Department of Health

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M 263	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00155750</p> <p>Based on interview and record review, it was determined that the facility failed to notify the Department of Health (DOH) of an incident that occurred at the facility which resulted in hospitalization and medical intervention for 1 of 4 participants, Participant #3. This deficient practice was evidenced by the following:</p> <p>On 7/28/22 at 10:20 a.m., during tour of the program, the surveyor observed Participant #3 at a table coloring a paper. The participant was alert and oriented to person, place and time and ambulated with a sit to stand [REDACTED]. During interview with Participant #3 regarding the participant's diet, the participant asked, "Are you talking about the hot dog?" Participant #3 continued that he/she ate a hot dog for lunch and a piece of the hot dog was "stuck" in the participant's throat. Participant #3 was sent to the hospital on 6/13/2022 by the participant's caregiver and discharged from the hospital on 6/20/2022. The participant added that a piece of hot dog had to be removed and the doctor said, "No more hot dogs, I can't eat them anymore."</p> <p>At 10:35 a.m., the surveyor reviewed Participant #3's medical record which revealed that the participant was admitted to the program in March of 2012 with diagnosis which included schizophrenia. Participant #3 had no previous history of a swallowing problem.</p> <p>The surveyor continued the review of Participant #3's medical record which revealed a "Progress</p>	M 263		

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M 263	<p>Continued From page 2</p> <p>Notes" (PN) written by a Registered Nurse (RN) dated 6/13/22 which identified, "Client was observed coughing and spitting, stated [Participant #3] had something in his/her throat, after episode [Participant #3] stated he/she coughed it up. Noted saliva and occasional phlegm. Client was able to speak and breath with no issues, stated again [Participant #3] felt something and coughed until cleared. Lung sounds and airway sounds were clear. Stated after coughing up phlegm [Participant #3] was okay." The PN dated 6/17/22 while the Participant was in the hospital written by the day care RN documented, "... Scope revealed a piece of hot dog was found."</p> <p>At 10:56 a.m., the surveyor interviewed the RN regarding the above documentation, and she told the surveyor that on 6/13/22 approximately between 1 p.m. - 2 p.m., the participant stated that something was "stuck" in the his/her throat. The RN stated that the participant was assessed and there was no respiratory distress noted. She explained that the participant was able to clear his/her throat after a sip of water and that the participant stated that he/she was feeling better. The RN stated that the program received a telephone call on 6/14/22 from the caregiver that Participant #3 had been admitted to the hospital for removal of the hot dog. The surveyor then asked the RN if the DOH was notified of the above incident and she responded that she was not aware that she had to report the incident.</p> <p>On 8/3/22 at 10 a.m., the surveyor reviewed a hospital "Triage Notes" dated 6/13/22 at 16:49 p.m., (4:49 p.m.,) which revealed, "Patient presents with c/o [complaint of] hot dog stuck in throat since this afternoon. Constant coughing. Pulse ox 90-92%." Further, at 1747 (5:47 p.m.),</p>	M 263		

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M 263	<p>Continued From page 3</p> <p>a hospital RN documented, "Spoke with caregiver, ... reports patient came home from adult group today c/o hot dog being stuck in his/her throat. Patient did have hot dog for lunch ..."</p> <p>In addition, the hospital discharge record revealed, "Ex.Order 26.4(b)(1) in the Ex.Order 26.4(b)(1) n. S/p [status post], Ex.Order 26.4(b)(1) , a procedure used to diagnose and treat problems in the Ex.Order 26.4(b)(1)] and [Ex.Order 26.4(b)(1) on 6/14/22."</p> <p>The facility failed to notify the DOH of this incident that occurred on 6/13/22 during programing hours when the facility became aware that Participant #3 required hospitalization and treatment to remove a piece of hot dog which was stuck in the participant's throat while eating lunch at the center.</p> <p>Surveyor review of the policy and procedure titled, "Incident/Accident Management [8:43-14.17] [correct citation 8:43F-3.4(a)(5)]" 7. indicated, "The Department of Health & Senior Services shall be notified if the incident meets the criteria for notification as outlined in the Standard For Licensure of Adult Day Health Care Facilities."</p>	M 263		

Communicare Adult Day Health Center, Inc.

Echo Plaza #17 – 309 Fries Mill Rd. Sewell, NJ 08080

ph. (856) 589-7723 fax. (856) 589-9835

“The Alternative to Long-term Care”

M263

- 1) The corrective action will be accomplished for resident #3 found to have been affected by the deficient practice nursing and Administration will address swallowing issues that may have contributed to the incident to ensure the safety of the participant to minimize and reduce the risk of additional incidents. Monitor participants during all meals and notify the Department of Health immediately of any such incidents noted 8:43F-3.4(a)(5) All staff will be in-serviced on monitoring residents during meals due to risk for choking and regulation for notifying the Department of Health immediately by telephone at (609) 633-9034 after hours, (609) 392-2020
- 2) All participants have the potential to be affected by the deficient practice.
- 3) The systemic measures to be put into place to ensure that deficient practice will not recur.
The facility will implement a policy and procedure for reporting all choking incidents resulting in Injury immediately by telephone to Department of Health followed by written confirmation within 72 hours of incident All staff will be in-serviced on policy.
- 4) The facility will monitor corrective action to ensure deficient practice will not recur. The facility will provide new accountability sheets that will be monitored during all meal times daily and monitored during monthly quality assurance program with the Director of Nursing, Administrator, nurses, Social Worker, Activity Director, Personal care assistants, and drivers. This monitoring will ensure the continued effectiveness of the systemic changes. All staff will be in-serviced on choking incident reporting to Department of Health immediately.

This will be completed by 08/29/2022

Received 9/14/22

Accepted 9/29/22

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 83014	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/21/2022
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 M0263	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:43F-3.4(a)(5)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	08/29/2022	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
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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 <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 7/28/2022		<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		