

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 908110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/12/2023
NAME OF PROVIDER OR SUPPLIER SAGE SPEND A DAY		STREET ADDRESS, CITY, STATE, ZIP CODE 290 BROAD STREET SUMMIT, NJ 07901		
(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 Census: 22 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 221	8:43F-3.1(a) Administration The license holder shall appoint an administrator who is a full-time employee of the facility. The administrator, or an alternate who shall be designated in writing to act in the absence of the administrator, shall be available on the premises of the facility during the hours when participant care services are being provided. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00159604	M 221		

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

TITLE

(X6) DATE

10/05/23

New Jersey Department of Health

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M 221	Continued From page 1 Based on observation and interview it was determined that the facility failed to ensure an Administrator (ADM) was available on the premises of the facility during Participant program hours or an alternate ADM was delegated in writing for 22 of 22 Participants as evidenced by the following: On 09/12/2023 at 9:18 a.m., the surveyor arrived at the front desk of the facility and inquired about the ADM. At 9:39 a.m., the ADM arrived and stated she was the ADM for the Adult Medical Day Care (AMDC) located on the first floor, and the Executive Director for the Home Health Care Agency located on the second floor. On 09/12/2023 at 11:45 a.m., the ADM stated she had a meeting on the second floor that she had to attend at 12:15 p.m. for the Home Health Care Agency. The surveyor inquired about the Alternate Administrator. The ADM explained that if she was not present, the Billing Manager and the Vice President of Operations located on the second floor were the Alternate Administrators. The ADM's office was also located on the second floor. On 09/12/2023 at 12:41 p.m. and 12:55 p.m., the surveyor interviewed the Licensed Practical Nurse (LPN) and the Director of Nursing (DON) regarding the ADM. The LPN stated the ADM worked upstairs but came down for rounds about three times a day, and the DON stated the ADM came to the first floor a few times a week. On 09/13/2023 at 3:23 p.m., post survey the surveyor received an email from the ADM, which revealed, the former administrator of the AMDC resigned on 05/19/2023, and the current ADM filled the role of Administrator for the AMDC.	M 221		

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M 221	Continued From page 2 The surveyor reviewed the facility policy titled, "Appointment and Responsibilities of the Administrator," which revealed, "Spend-A-Day shall appoint an administrator who is a full-time employee of the facility. The administrator, or an alternate who shall be designated in writing to act in the absence of the administrator, shall be available on the premises of the facility during the hours when participant care services are being provided. In the event of the administrator's absence, the following people will act as alternate administrators: 1. Social Worker of Spend-A-Day 2. Executive Director of SAGE Eldercare, Inc."	M 221		
M 425	8:43F-7.1(a) Nursing Services A registered professional nurse shall be designated in writing as the director of nursing services and shall be on duty at all times when participants are present in the facility. A registered professional nurse shall be designated in writing to act in the director's absence. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00159604 Based on interview and record review it was determined that the facility failed to ensure the Director of Nursing (DON) services was present at the facility at all times during Participant programming hours; and failed to have an alternate DON to act in the absence of the DON. This deficient practice was evidenced by the	M 425		

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M 425	Continued From page 3 following: On 09/12/2023, the surveyor reviewed written staffing schedules from 11/07/2022-11/11/2022, which revealed no Registered Nurse (RN) or DON was present for five consecutive days. The surveyor also reviewed written staffing schedules from 08/21/2023-08/25/2023, which showed the DON was on vacation, and a per diem RN filled in, but left early on 8/21/2023 and 08/24/2023. On 08/21/2023, the per diem RN left at 2:00 p.m., and on 08/24/2023, the per diem RN left at 2:30 p.m., while Participants were still present at the facility. The surveyor reviewed the "Participant/Employee Hours" submitted by the Administrator (ADM), which revealed, "Program Participant Hours are 8:45-3:30 p.m. Monday thru Friday." On 09/12/2023 at 12:41 p.m. and 12:55 p.m., the surveyor interviewed the Licensed Practical Nurse (LPN) and the DON. The LPN stated that she did not recall who the RN/DON was from 11/07/2022-11/11/2022. Both the LPN and the DON stated that a former per diem RN covered for the DON while she was on vacation from 08/21/2023-08/25/2023. On 09/15/2023 at 10:06 a.m., post survey the surveyor interviewed the ADM regarding the facility not having a DON or RN listed on the written staffing schedule from 11/07/2022-11/11/2022, in addition to the per diem RN leaving early on 08/21/2023 and 08/24/2023. The ADM stated there were always nurses in the building, and if there was an emergency, nurses from the second floor would be dispatched to the first floor. However, the ADM was unable to provide the surveyor with the RN	M 425		

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M 425	Continued From page 4 who was scheduled to work at the Adult Medical Day Care (AMDC) from 11/07/2022-11/11/2022. On 09/18/2023 at 11:12 a.m., post survey the surveyor received an email from the ADM which revealed that the former ADM had a dual role as the ADM and the DON for two months until the facility hired a RN on 11/14/2022. The surveyor reviewed the facility policy titled, "Designation of Director of Nursing Services" which revealed, "...A registered professional nurse shall be designated in writing as the director of nursing services for Spend-A-Day and shall be on duty at all times when participants are present in the facility. A Spend-A-Day registered professional nurse, a registered professional nurse from the SAGE Homecare Department shall be designated in writing to act in the director's absence...."	M 425			
M 431	8:43F-7.1(a)(2) Nursing Services The director of nursing services shall not perform the functions of any other position while functioning as the director of nursing services. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00159604 Based on interview and record review it was determined that the facility failed to ensure that	M 431			

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M 431	Continued From page 5 the Director of Nursing (DON) did not perform the functions of any other position while functioning as the DON. This deficient practice was evidenced by the following: On 09/12/2023, the surveyor reviewed the written staffing schedules from 11/07/2022-11/11/2022, 11/14/2022-11/18/2022, and 09/04/2023-09/08/2023, which revealed the following: 1. From 11/07/2022-11/11/2022, there was no Registered Nurse (RN) or DON. 2. On 11/14/2022 and 11/15/2022, the Licensed Practical Nurse (LPN) was not available to work. The only nursing staff listed on the schedule to work was the DON. 3. On 09/05/2023, the LPN was on vacation, and the only nursing staff listed on the schedule to work was the DON. On 09/12/2023 at 12:55 p.m., the surveyor interviewed the DON, who stated on 09/05/2023, the LPN was out, so she filled in for her. The DON also stated there was no alternate DON on 09/05/2023. On 09/18/2023 at 11:12 a.m., post survey the surveyor received an email from the Administrator (ADM) which revealed the former ADM had a dual role as the ADM and the DON for two months until the facility hired a RN on 11/14/2022. The surveyor reviewed the facility policy titled, "Designation of Director of Nursing Services" which revealed, "...The director of nursing services shall not perform the functions of any other position while functioning as the director of nursing services."	M 431			

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M 431	Continued From page 6 The facility failed to ensure that the DON only performed duties assigned to her position while functioning as the DON.	M 431			
M 443	8:43F-7.4(b)(2)(i-ix),(3-4) Nursing Services (b) The registered professional nurse shall be responsible for, but not limited to, the following: 2. Maintaining the standards of nursing practice including, but not limited to: i. Monitoring of identified medical conditions; ii. Administration and supervision of prescribed medications and treatments; iii.Coordination of rehabilitative services; iv. Development of a restorative nursing plan; v. Monitoring of clinical behavior and nutritional status; vi. Assisting with the maintenance or redevelopment of the activities of daily living skills; vii. Monitoring growth and development; viii. Implementing infection control procedures; and ix. Communicating findings to the attending physician; 3. Managing medical emergencies;	M 443			

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M 443	Continued From page 7 4. Documenting the nursing services provided, including the initial assessment and evaluation of the participant's health care needs, development of the nursing component of the individualized plan of care, evaluation of the participant's progress in reaching established goals and defining the effectiveness of the nursing component of the individualized plan of care. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00159604 Based on interview and record review, it was determined that the facility failed to ensure that a Registered Nurse (RN) documented the nursing services provided, including the initial assessment and evaluation of the Participant's health care needs, for 2 of 3 Participants, Participant #2 and Participant #3. This deficient practice was evidenced by the following: The surveyor reviewed the medical record of Participant #2, which revealed Participant #2 was admitted to the program on NJ ex order 26.4b1 with	M 443			

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M 443	Continued From page 8 NJ ex order 26.4b1 The "Spend-A-Day Nursing Pre-Admission History & Assessment" and the "Pain Assessment" was completed and signed by the Licensed Practical Nurse (LPN) at the facility on NJ Exec Order 26.4b1. The surveyor reviewed the medical record of Participant #3, which revealed Participant #3 was admitted to the facility on NJ ex order 26.4b1 with a diagnosis of NJ ex order 26.4b1. The "Spend-A-Day Nursing Pre-Admission History & Assessment" was completed and signed by the LPN at the program on NJ Exec Order 26.4b1. There was no documented evidence that a RN completed the assessment for Participant #2 and Participant #3 on NJ ex order 26.4b1. On 09/12/2023 at 12:41 p.m. and 12:55 p.m., the surveyor interviewed the LPN and the Director of Nursing (DON). The LPN stated that the nursing staff completed the "Spend-A-Day Nursing Pre-Admission History & Assessment" prior to admission, and then completed a quarterly assessment after 30 days. The LPN also stated she completed the "Spend-A-Day Nursing Pre-Admission History & Assessment" under the supervision of the DON. The DON stated she completed the "Spend-A-Day Nursing Pre-Admission History & Assessment" prior to admission. The DON later added that the assessments completed by the LPN were under her supervision. The surveyor reviewed the facility policy titled, "Assessment," which revealed, "A registered professional nurse (RN) shall assess the nursing needs of each participant...."	M 443		

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M 443	Continued From page 9 The facility policy titled, "Provision of Nursing Services" revealed, "...The registered professional nurse shall be responsible for, but not limited to, the following: 1) Interviewing the participant and caregivers to evaluate the participant's health status, and health care needs...4) Documenting the nursing services provided, including the initial assessment and evaluation of the participant's health care needs...."	M 443			



10/5/2023

SAGE ELDERCARE – SAGE ADULT MEDICAL DAY

PLAN OF CORRECTIONS FOR THE DOH SURVEY DATED 9/12/2023.

M221 Administration:

The Executive director posted the Administrator position on Indeed on September 21, 2023. The job description meets all requirements for the position as they are listed in the NJ Regulations. Eighty-six applications were reviewed, and we are in the process of screening the applicants with matching qualifications. The first in person interview is scheduled for 10/5/2023.

An Administrator for the Adult Medical Day was hired on NJ Exec Order 26.4b1

In the absence of the Administrator, some of the functions of the Administrator's role were delegated to the Social worker of the program.

To ensure proper support of the operations of the program, in the absence of the Administrator, the Social Worker of the program is named to be the Alternate Administrator.

The Alternate Administrator received the first in-service training on 11/8/2023. The in-service will continue until the end of 2023 and will be conducted on a bi-weekly basis. The objective of the training is to gain knowledge of the requirements of the role. In-service will be provided by the Executive Director.

All the participants in the program had the potential to be affected by this deficient practice.

The Executive Director will conduct a quarterly review to maintain long-term compliance with the plan of corrections.

Accepted SB
11/16/23

M425 Nursing Services

A Full Time Director of Nursing for Adult Medical Day was hired on

NJ Exec Order 26.4b1

In the absence of the Director of Nursing, a Full Time Nurse is designated to act as the alternate DON for the Adult Medical Day.

The Full Time Nurse is a Nurse supervisor in Homecare, whose office is in the same facility. In the absence of the DON, the Full Time Nurse will be on duty in the Adult Medical Day Center and will stay on the premises of the Adult Day program during the hours of operations.

On 10/5/2023 The Full Time Nurse was oriented about the program needs, and the RN responsibilities.

The Full Time Nurse will receive in-services training once every quarter to acquire knowledge of the medical needs of the program participants.

SAGE Adult Medical Day is one of the programs provided by SAGE Eldercare. SAGE is a non for profit agency providing clinical and outreach services to the seniors in Union, Essex, and Morris County. The registered nurses are essential personnel for 3 of the services provided to the seniors. SAGE has the advantage of always providing RN coverage in the Adult Medical Day by the nurses in Homecare and the Geriatric Case Management program.

All the participants in the program had the potential to be affected by this deficient practice.

The Executive Director will conduct a quarterly review to maintain long-term compliance with the plan of corrections.

Accepted by
11/16/23

M431 Nursing Services:

The Director of Nursing for the Adult Medical Day was hired to perform only DON functions. In the absence of LPN, the DON of the Adult Medical Day Care program will step out of her role and will administer medication to the participants.

On ^{NJ Exec Order 26.4b1} The Executive Director appointed a Full Time Nurse, and she will step into the role of DON, when the DON of the Adult Medical Day fills in for the LPN and performs duties out of the scope of her role.

All the participants in the program had the potential to be affected by this deficient practice.

The Executive Director will conduct a quarterly review to maintain long-term compliance with the plan of corrections and make sure that adequate staffing is maintained during the program hours.

Accepted SB
11/16/23

M 443: Nursing Services:

The ED and DON reviewed and revised the current DON and LPN job descriptions and ensured that the newly revised job descriptions accurately reflect the appropriate responsibilities as described in the NJ regulations and the Adult Medical Day policies and procedures manual.

On October 5th, 2023 all the changes were communicated with the LPN and DON. Please refer to the attached job description.

Here is a summary of the changes that were made to the LPN job description:

Removed from the Job Description:

1. Direct, develop, coordinate and supervise overall Adult Day Health Services Program
2. Administer and supervise prescribed medication and treatments.
3. Works with the medical director to develop and implement procedures for maintaining administrative relationships, communication, and integration with support services.
4. Compiles medical summary on each client and/or updates on a quarterly basis.
5. Interview the client and caregivers to evaluate the client's health status and health care needs.

Revised and Edited:

1. Maintain standards of care under RN/Director of Nursing supervision including, but not limited to, monitoring of identified medical conditions; administration and monitoring of prescribed medications; assisting with the coordination of rehabilitative services; monitoring of clinical behavior and nutritional status; assisting with the maintenance or redevelopment of the activities of daily living skills; execute and monitor infection control

procedures; communicating findings to Director of Nursing and attending physician.

2. Assists with medical emergencies.
3. Alerts RN/DON about client's changes to address necessary updates/changes in the individualized interdisciplinary plan of care.
4. Assist with infection control compliance and safety protocols, including but not limited to COVID 19, for all clients.
5. Provide input in care plan and goals for individual clients using team approach.
6. Perform other duties as may be requested by the DON or Administrator.

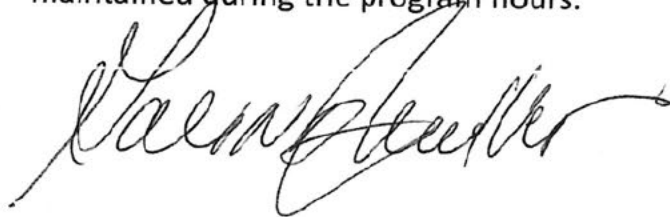
As of 10/5/2023, all initial assessments, evaluations of the participants' health care needs, pain assessment and pre-admission history and assessments will be completed by the DON.

On October 4th, 2023, the DON reviewed the medical files of all the participants of the program, including the medical files of Participants#2 and Participants#3. Their medical needs have been assessed by the DON and properly documented.

To ensure that all the current participants' needs are met and properly documented, DON reviewed all the above-mentioned documents and made the necessary corrections.

All the participants in the program had the potential to be affected by this deficient practice.

The Executive Director will conduct a quarterly review to maintain long-term compliance with the plan of corrections and make sure that adequate staffing is maintained during the program hours.



NJ Exec Order 26.4b1

Executive Director

Accepted by
11/16/23

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 908110	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/12/2023
NAME OF FACILITY SAGE SPEND A DAY	STREET ADDRESS, CITY, STATE, ZIP CODE 290 BROAD STREET SUMMIT, NJ 07901	

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 M0425 Correction		ID Prefix M0431 Correction	
Reg. # 8:43F-3.1(a) Completed		Reg. # 8:43F-7.1(a) Completed		Reg. # 8:43F-7.1(a)(2) Completed	
LSC 11/16/2023		LSC 11/16/2023		LSC 11/16/2023	
ID Prefix M0443 Correction		ID Prefix Correction		ID Prefix Correction	
Reg. # 8:43F-7.4(b)(2)(i-ix).(3-4) Completed		Reg. # Completed		Reg. # Completed	
LSC 11/16/2023		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 9/12/2023		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			