

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 908115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2025
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NAME OF PROVIDER OR SUPPLIER CEDAR HARBOR MEDICAL DAY CARE CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 545 EAST 1ST AVENUE ROSELLE, NJ 07203
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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>Type of Survey: Complaint</p> <p>Complaint #: NJ 00187123, NJ 00189171</p> <p>Census: 73</p> <p>Sample Size: 5</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; 	M 223		

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

TITLE

(X6) DATE

01/09/26

New Jersey Department of Health

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M 223	<p>Continued From page 1</p> <p>4. Ensuring that all personnel are assigned duties based upon their education, training, 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 00189171, NJ 00187123</p> <p>Based on interview and record review, it was determined that the Program Administrator failed to follow it's policy and procedure titled, "Transportation Procedures Driving Safety Incident Accident Reporting" and "Responsibilities</p>	M 223		

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M 223	<p>Continued From page 2</p> <p>of the Director of Nursing Services" during a facility transportation accident and incident where a Driver and the Director of Nursing (DON) failed to call 911, Emergency Medical Services (EMS) for 5 of 5 participant's, Participant #'s 1, 2, 3, 4, and 5. This deficient practice was evidenced by the following:</p> <p>1. On 11/3/25, the Department of Health (DOH) received a Facility Reportable Event (FRE - a document used by health care facilities to report incidents to the DOH) regarding an incident that occurred on [redacted NJ Exec Order 26.4b]. According to the FRE, a participant was in a wheelchair with his/her [redacted NJ Exec C] and a facility bus drove by with the door open and the [redacted NJ Exec Order 26.4b1].</p> <p>On 11/13/25 at 9:22 a.m., the surveyor interviewed the Administrator regarding the [redacted NJ Exec Order 26.4b] incident. The Administrator stated that on [redacted NJ Exec Order 26.4b1], Participant #2 was outside in a wheelchair, [redacted NJ Exec Order 26.4b] and Driver #2 was repositioning a facility bus with the doors open and the [redacted NJ Exec Order 26.4b1]. In addition, the Administrator stated that the participant was wheeled to the DON immediately for an assessment, and the participant [redacted NJ Exec Order 26.4b1] a [redacted NJ Exec Order 26.4b1].</p> <p>At 9:38 a.m., the surveyor reviewed Participant #2's medical record (MR) which revealed that the participant was admitted to the program in [redacted NJ Exec Order 26.4b1], with diagnoses of [redacted NJ Exec Order 26.4b1]. In [redacted].</p> <p>At 1:40 p.m., the surveyor interviewed the DON regarding the incident with Participant #2 on [redacted NJ Exec Order 26.4b1]. The DON stated that Driver #2 notified her that the doors [redacted NJ Exec Order 26.4b1]. In</p>	M 223		
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M 223	<p>Continued From page 3</p> <p>addition, the DON explained that Participant #2 was assessed with a [redacted] NJ Exec Order 26.4b1 and that the participant [redacted] NJ Exec Order 26.4b1, so she did not call [redacted] NJ Exec C. The DON stated that she notified Participant #2's emergency contact and physician.</p> <p>During surveyor review of the MR, the surveyor observed documentation dated [redacted] NJ Exec Order 26.4b1 by the Social Worker that Participant #2 resided [redacted] NJ Ex Or [redacted] NJ Ex Order 26.4(b)(1) and was under the care of the [redacted] NJ Exec Order 26.4b1</p> <p>However, surveyor continued review of Participant #2's MR, observed an "Incident Report" written on [redacted] NJ Exec Order 26.4b1 signed by the DON, revealed that the DON called the participant's care staff and faxed the physician and was awaiting a response. In addition, the surveyor observed that there was no documented evidence in the MR that reflected Participant #2's care home staff and physician responded to the DON's notifications, to confirm that they were aware that Participant #2 was involved in an incident and [redacted] NJ Exec Order 26.4b1 an [redacted] NJ Exec Order 26.4b1 that required further evaluation.</p> <p>The surveyor interviewed the Administrator and asked the Administrator if EMS was called for the participant to be transferred to the Emergency Room (ER) for further evaluation of the participant's [redacted] NJ Exec Order 26.4b1. The Administrator stated that Participant #2 [redacted] NJ Exec Order 26.4b1 ER transfer and so EMS was not called. In addition, the Administrator stated that he was unsure if there was a response from Participant #2's care staff and physician following the DON's notification.</p> <p>2. On 6/9/25, the Department of Health received a Facility Reportable Event (FRE) regarding a [redacted] NJ Exec Or [redacted] NJ Exec Order [redacted] that occurred on [redacted] NJ Exec Order [redacted]. According to the</p>	M 223		
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M 223	<p>Continued From page 4</p> <p>FRE, the facility van was [REDACTED] by another vehicle.</p> <p>On 11/13/25 at 9:25 a.m., the surveyor interviewed the Administrator and inquired about which participants were in the facility vehicle at the time of the [REDACTED]. The Administrator stated that Participant #s 1, 3, 4, and 5 were in the vehicle at the time of the [REDACTED].</p> <p>At 9:36 a.m., the surveyor reviewed Participant #1's medical record (MR) MR, which revealed that the participant was admitted to the program in [REDACTED] with a diagnosis of [REDACTED].</p> <p>At 10:30 a.m., the surveyor reviewed Participant #3's MR, which revealed that the participant was admitted to the program in [REDACTED] with a diagnosis of [REDACTED].</p> <p>At 10:49 a.m., the surveyor reviewed Participant #4's MR, which revealed that the participant was admitted to the program in [REDACTED] with a diagnosis of [REDACTED].</p> <p>At 10:55 a.m., the surveyor reviewed Participant #5's MR, which revealed that the participant was admitted to the program in [REDACTED] with a diagnosis of [REDACTED].</p> <p>At 12:28 p.m., the surveyor interviewed Driver #1 through a translator and inquired about the [REDACTED] on [REDACTED]. The Driver #1 stated that his vehicle was [REDACTED] from [REDACTED] by another vehicle. In addition, Driver #1 stated that he stopped the vehicle and exchanged information with the other driver, however, he did not call the [REDACTED] for emergency medical services as was instructed by the Director of Transportation (DOT).</p> <p>At 1:00 p.m., the surveyor interviewed the DOT</p>	M 223		

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M 223	<p>Continued From page 5</p> <p>and inquired about the [redacted] on [redacted]. The DOT stated that she was notified by Driver #1 involved in the MVA. The DOT stated that she instructed Driver #1 to call [redacted]. In addition, the DOT stated that [redacted] was not called as she instructed him to do, and he [Driver #1] transported all the participants involved in the [redacted] to their homes.</p> <p>At 1:09 p.m., the surveyor interviewed the Administrator and inquired about the [redacted] on [redacted]. The Administrator stated that he was notified of the [redacted] on [redacted] and was made aware that Driver #1 did not call [redacted] following the accident, so he contacted the [redacted] on [redacted] which was the day after the [redacted] on [redacted].</p> <p>During interview with the Administrator, he stated that Driver #1 was NJ Exec Order 26.4b1 following the [redacted] on [redacted], and re-educated on policy and procedures for [redacted].</p> <p>The surveyor also reviewed a facility policy titled, "TRANSPORTATION PROCEDURES DRIVING SAFETY ACCIDENT REPORTING," dated 3/20/25, which revealed, "... In the event of an ACCIDENT: ... 1. Contact 911 from the NEXTEL phone and give location, specifics about accident, number of injured persons, your name, and any other information requested. 2. Contact the Center of the situation and await further instructions ..."</p> <p>In addition, the surveyor reviewed the facility policy and procedure titled, "Responsibilities of the Director of Nursing Services" which revealed, "...Communicate with the family caregiver/participant representative regarding problems related to care of the participant at the center ... changes in the participant's condition ...Provide emergency care including notification of</p>	M 223		

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M 223	Continued From page 6 ambulance, physician, emergency care facility, and participant's emergency contact;" Refer: 8:43F-7.4(b)(2)(i-ix),(3-4), [M-0443]; 8:43F-17.1(a)(1), [M-0821]	M 223		
M 303	8:43F-3.12 Administration The facility shall establish and implement policies and procedures for follow-up of participants in the event that a participant does not appear for services on scheduled days, and for documentation of the follow-up in the participant's medical record. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00187123 Based on interview and record review, it was determined that the facility failed to follow up with participant after a NJ Exec Order 26.4b1) for 1 of 5 participants, Participant #1, as evidenced by the following: On 6/9/25, the New Jersey Department of Health (DOH) received a Facility Reportable Event (FRE) regarding a NJ Exec Or that occurred on NJ Exec Order 26 . According to the FRE, Participant #1 went to the hospital when the participant arrived home following the NJ Exec Ord . On 11/13/25 at 9:36 a.m., the surveyor reviewed Participant #1's medical record (MR), which revealed that Participant #1 was admitted to the program in NJ Exec Order 26.4b1 with a diagnosis of NJ Exec Order 26.4b1 .	M 303		

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M 303	<p>Continued From page 7</p> <p>The surveyor reviewed an Interdisciplinary Progress Note (IPN) written by the Director of Nursing (DON) dated [redacted], which indicated that Participant #1 was taken to the Emergency Room on [redacted] with [redacted] and [redacted] in [redacted] and discharged from the hospital on [redacted]. According to the IPN, Participant #1 was out of the facility from [redacted] and returned on [redacted].</p> <p>On 11/13/25 at 12:28 p.m., the surveyor interviewed Driver #1 through an [redacted] and inquired about the [redacted] on [redacted]. Driver #1 confirmed that he was the driver at the time of the [redacted] on [redacted]. He stated that his [redacted] from [redacted]. Driver #1 stated that he stopped the vehicle and exchanged information with the other driver, however, he did not call the [redacted] or medical emergency services as was instructed by the Director of Transportation (DOT).</p> <p>Additionally, Driver #1 stated that he evaluated the participants by asking them if they were ok. When the participants told him they were [redacted] he continued his route. Driver #1 stated that no further evaluation was done following the [redacted].</p> <p>At 1:00 p.m., the surveyor interviewed the DOT and inquired about the [redacted] on [redacted]. The DOT stated that she was notified by Driver #1 of the [redacted] and instructed Driver #1 to call [redacted] and she then notified the Administrator. The surveyor inquired if [redacted] was called following the [redacted]. The DOT stated that [redacted] was not called after the [redacted] and that Driver #1 transported all the participants involved in the [redacted] to their homes without being evaluated by EMS.</p>	M 303		
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M 303	<p>Continued From page 8</p> <p>At 1:09 p.m., the surveyor interviewed the Administrator and inquired about the [redacted] on [redacted]. The Administrator stated that he was notified of the [redacted] or [redacted], as he was off on [redacted] the day after. The administrator stated that he called the [redacted] to notify them of the [redacted] upon his return to the facility on [redacted].</p> <p>At 1:39 p.m., the surveyor interviewed the DON and inquired about the [redacted] on [redacted]. The DON stated that she was made aware of the [redacted] on [redacted]. The surveyor inquired asked the DON when Participant #1 returned to the facility. The DON stated that Participant #1 returned to the facility on [redacted] because he/she [Participant #1] [redacted] as a result of the [redacted].</p> <p>The surveyor inquired if the DON called Participant #1 to check on his/her condition following the [redacted]. The DON stated that the Administrator spoke to Participant #1 on [redacted] to check on the participant's condition. The DON stated that she did not call to follow-up on Participant #1's condition following the [redacted] on [redacted], until his/her return to the facility on [redacted], and at that time the DON stated she completed her assessment and documentation.</p> <p>The facility failed to follow up with Participant #1 at [redacted] from [redacted] after a [redacted] that occurred on [redacted], in order to arrange for health care needs.</p> <p>The surveyor reviewed a facility policy titled, "... PROVISIONS OF NURSING SERVICES," dated 3/20/25, which revealed, "... Interviewing the participant and caregivers in order to evaluate the participant's health status and heath care needs ..."</p>	M 303		

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M 421	Continued From page 9	M 421		
M 421	<p>8:43F-6.3(e)(1)(i) General Services</p> <p>(e) The facility shall develop and implement a staff orientation plan and a staff training and education plan, including plans for each service and designation of person(s) responsible for ongoing training.</p> <p>1. All staff shall receive orientation at the time of employment and ongoing in-service training regarding, at a minimum, emergency plans and procedures, the infection prevention and control services, participant rights, and elder abuse.</p> <p>i. The facility shall document ongoing in-service training of all staff.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00187123</p> <p>Based on interview and record review, it was determined that the Program Administrator failed to maintain documented employee training records on policy and procedures to follow for NJ Exec Order 26.4b1 during participant transportation for 5 of 5 drivers, Driver #s 1, 2, 3, 4, and 5. This deficient practice was evidenced by the following:</p>	M 421		

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M 421	<p>Continued From page 10</p> <p>On 6/9/25, the Department of Health (DOH) received a Facility Reportable Event (FRE) regarding a [redacted] that occurred on [redacted]. According to the FRE, the facility van was [redacted] by another vehicle when the other vehicle failed to [redacted].</p> <p>At 12:28 p.m., the surveyor interviewed Driver #1 who was involved in the [redacted] through an [redacted] and inquired about the [redacted] on [redacted]. Driver #1 stated that his vehicle was [redacted] from [redacted] by another vehicle. Driver #1 also stated that he stopped the vehicle and exchanged information with the other driver, and explained that he did not call the [redacted] or medical emergency services.</p> <p>At 12:30 p.m., the surveyor reviewed transportation employees Personnel Records and did not observe documented training or in-services regarding the programs transportation policy and procedure for [redacted] during participant transportation prior to the [redacted] as follows:</p> <ol style="list-style-type: none"> 1. The surveyor reviewed the personnel file of Driver #1, which revealed a hire date of [redacted]. During review of the personnel file the surveyor did not observe documented evidence of training on procedures for [redacted] during participant transportation. 2. Driver #2 was [redacted], no documented training observed for [redacted]. 3. Driver #3 was [redacted], no documented training observed for [redacted]. 4. Driver #4 was [redacted], no documented 	M 421		

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M 421	<p>Continued From page 11</p> <p>training observed for [redacted]</p> <p>5. Driver #5 was [redacted], no documented training observed for [redacted]</p> <p>At 1:15 p.m., the surveyor interviewed the Administrator regarding employee training on the program policy and procedure for [redacted] during participant transportation. The Administrator stated that he conducted training on the policy and procedure prior to the [redacted], however, he did not document the training and was unable to provide the surveyor with a copy.</p> <p>The surveyor reviewed the policy and procedure titled, "Personnel Record" which revealed, "...It is the policy of the [Facility Name] to comply with all regulations regarding maintenance of all personnel records for each employee. ...All personnel receive orientation at the time of employment and at least annually, in-service education. ..."</p>	M 421		
M 443	<p>8:43F-7.4(b)(2)(i-ix),(3-4) Nursing Services</p> <p>(b) The registered professional nurse shall be responsible for, but not limited to, the following:</p> <p>2. Maintaining the standards of nursing practice including, but not limited to:</p> <p>i. Monitoring of identified medical conditions;</p> <p>ii. Administration and supervision of prescribed medications and treatments;</p> <p>iii. Coordination of rehabilitative services;</p>	M 443		

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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 443	<p>Continued From page 12</p> <ul style="list-style-type: none"> 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; <p>3. Managing medical emergencies;</p> <p>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.</p>	M 443		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 908115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2025
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NAME OF PROVIDER OR SUPPLIER CEDAR HARBOR MEDICAL DAY CARE CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 545 EAST 1ST AVENUE ROSELLE, NJ 07203
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M 443	<p>Continued From page 13</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #'s: NJ 00189171, NJ 00187123</p> <p>Based on interview and record review, it was determined that the Program failed to ensure a Registered Nurse (RN) notified Emergency Medical Services (EMS), and failed to confirm that the participant's physician and emergency contact person received notification following an injury and (NJ Exec Order 26.4b1) for 5 of 5 participants, Participant #'s 1, 2, 3, 4, and 5. This deficient practice was evidenced by the following:</p> <p>1. On 11/3/25, the Department of Health (DOH) received a facility reported event (FRE) regarding an incident that occurred on (NJ Exec Order 26.4b1). According to the FRE, a participant was in a wheelchair with his/her (NJ Exec Order 26.4b1) and a program bus drove with the doors open and the (NJ Exec Order 26.4b1).</p> <p>At 9:22 a.m., the surveyor interviewed the Administrator regarding the incident that occurred on (NJ Exec Order 26.4b1). The Administrator stated that on (NJ Exec Order 26.4b1), Participant #2 was outside (NJ Exec Order 26.4b1) in his/her wheelchair when a driver was repositioning a bus and (NJ Exec Order 26.4b1) the participant's (NJ Exec O). In addition, the Administrator stated that the participant was wheeled to the Director of Nursing (DON) for an assessment.</p> <p>At 9:38 a.m., the surveyor reviewed Participant #2's medical record (MR) which revealed that the participant was admitted to the program in (NJ Exec Order 26.4b1), with diagnoses of (NJ Exec O).</p>	M 443		
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 908115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2025
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M 443	<p>Continued From page 14</p> <p>NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1.</p> <p>The surveyor reviewed the "Interdisciplinary Progress Notes (IPN)" written on NJ Exec Order 26.4b1 at 11:05 a.m., by the DON, who documented that she was notified by the Administrator that the participant was NJ Exec Order 26.4b1. In addition, the DON documented that upon assessment she noted a NJ Exec Order 26.4b1 "NJ Exec Order 26.4b1" to the participant's NJ Exec Order 26.4b1.</p> <p>The DON also documented that the participant NJ Exec Order 26.4b1 but requested and was administered NJ Exec Order 26.4b1. At 11:11 a.m., the DON also documented that the participant NJ Exec Order 26.4b1 to go to the Emergency Room, and that the participant's physician was notified.</p> <p>Surveyor continued review of the MR, observed an "Incident Report (IR)" dated NJ Exec Order 26.4b1 signed by the DON, which revealed that the DON called Participant #2's care home at 11:11 a.m., regarding the above documented incident. However, according to the IR a message was left, and the DON was awaiting a response. In addition, the DON documented that she notified the participant's physician by fax and was also awaiting a response.</p> <p>At 12:00 p.m., the surveyor interviewed Driver #2 via interpreter regarding the incident involving Participant #2 on NJ Exec Order 26.4b1. Driver #2 stated that on NJ Exec Order 26.4b1, the participant was sitting outside NJ Exec Order 26.4b1 while he was moving the bus. Driver #2 explained that while moving the bus, he opened the doors to see the blind spot area when the bus doors NJ Exec Order 26.4b1 Participant #2's NJ Exec Order 26.4b1 in the wheelchair.</p>	M 443		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 908115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2025
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M 443	<p>Continued From page 15</p> <p>At 12:35 p.m., the surveyor interviewed Participant #2 regarding the incident on [redacted] Participant #2 stated that the bus was moving and the [redacted] and [redacted] " In addition, Participant #2 stated that the care home staff applied [redacted] to the [redacted] and the next day [redacted], he/she was taken to the hospital for evaluation. The participant also confirmed that he/she [redacted] to let the program take him/her to the hospital.</p> <p>At 1:40 p.m., the surveyor interviewed the DON regarding the [redacted] incident where the participant was [redacted]. The DON stated that Driver #2 notified her that he [redacted] Participant #2's [redacted]. The DON explained that she assessed the participant's [redacted] and observed a [redacted] however, the participant [redacted] EMS. In addition, the DON stated that Participant #2 informed her that the home care staff would contact EMS upon arriving to the care home.</p> <p>The surveyor then inquired of the DON if she spoke to the participant's physician and emergency contact person. The DON stated that she called and left a message along with a fax to the physician. In addition, the DON stated that she called Participant #2's care home staff but was unsure of who or if she spoke with anyone regarding the incident when the participant was [redacted]</p> <p>During Participant #2's MR review, the surveyor did not observe any documented evidence that the participant's care home staff or physician responded to the DON's notification calls, to confirm that they were aware that Participant #2 was involved in an incident and [redacted] an</p>	M 443		
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M 443	<p>Continued From page 16</p> <p>NJ Exec Order 26.4b1 that required further evaluation.</p> <p>Continued surveyor review of the IPN revealed that on NJ Exec Order 26.4b1, Participant #2 returned to the program, and reported to the DON that he/she was taken to the hospital on NJ Exec Order 26.4b1 for evaluation of the NJ Exec Order 26.4b1. The surveyor also observed a hospital "After Visit Summary" dated NJ Exec Order 26.4b1, that was received by the program on NJ Exec Order 26.4b1 which revealed the reason for the participant's visit was a "NJ Exec Order 26.4b1" and a diagnosis of "NJ Exec Order 26.4b1" with a "NJ Exec Order 26.4b1" following an NJ Exec Order 26.4b1.</p> <p>During surveyor interview with the Administrator, the surveyor inquired if EMS was called when Participant #2 was NJ Exec Order 26.4b1. The Administrator stated that Participant #2 refused EMS and, so EMS were not contacted. In addition, the Administrator stated that the Participant #2's care home staff and physician were contacted on NJ Exec Order 26.4b1, but he was not sure if there was a response when the DON called for notification.</p> <p>2. On 6/9/25, the DOH received a FRE regarding a MVA that occurred on NJ Exec Order 26.4b1. According to the FRE, the facility van was NJ Exec Order 26.4b1 vehicle when the other vehicle failed to NJ Exec Order 26.4b1 to the facility van. In addition, following the accident after arrival home Participant #2 went to the hospital for evaluation.</p> <p>On 11/13/25 at 9:25 a.m., the surveyor interviewed the Administrator regarding the NJ Exec Order 26.4b1. The Administrator stated that on NJ Exec Order 26.4b1, a vehicle NJ Exec Order 26.4b1 the back passenger side of the program transportation van, and Participant #1, Participant #3, Participant #4, and Participant #5</p>	M 443		
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M 443	<p>Continued From page 17</p> <p>were on the van. In addition, the Administrator stated that Participant #1 went to the hospital after arriving home.</p> <p>At 9:36 a.m., the surveyor reviewed Participant #1's MR, which revealed that Participant #1 was admitted to the program in NJ Exec Order 26.4b1 with a diagnosis of NJ Exec Order 26.4b1. The surveyor also reviewed the IPN written on NJ Exec Order 26 by the DON, who documented that Participant #1 returned to the program following a NJ Exec Or on NJ Exec Order. In additon, the DON documented that Participant #1 was taken to the Emergency Room on NJ Exec Order by his/her home care aide for NJ Ex Order 26.4(b)(1) of NJ Ex Order.</p> <p>At 10:30 a.m., the surveyor reviewed Participant #3's MR, which revealed that Participant #3 was admitted to the program in NJ Exec Order 26.4b1 with a diagnosis of NJ Exec Order 26.4b1. The surveyor also reviewed the IPN written on NJ Exec Order by the DON, who documented that Participant #3 was involved in a NJ Exec Or on NJ Exec Order and was doing well with NJ Exec Order 26.4b1.</p> <p>At 10:49 a.m., the surveyor reviewed Participant #4's MR, which revealed that Participant #4 was admitted to the program in NJ Exec Order 26.4b1 with a diagnosis of NJ Exec Order 26.4b1. In addition, the surveyor reviewed the IPN written on NJ Exec Order by the DON, who documented that Participant #4 attended center with NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 following the NJ Exec Order 26.4b1.</p> <p>At 10:55 a.m., the surveyor reviewed Participant #5's MR, which revealed that Participant #5 was admitted to the program in NJ Exec Order 26.4b1 with a diagnosis of NJ Exec Order 26.4b1. In addition, the surveyor reviewed the IPN written on NJ Exec Order 26 by the DON, who documented that</p>	M 443		
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M 443	<p>Continued From page 18</p> <p>Participant #5 stated that he/she was fine with [redacted] of [redacted] following the [redacted] NJ Exec Order 26.4b1.</p> <p>During review of Participant #'s 1, 3, 4, and 5's MR, the surveyor did not observe any documented evidence that reflected a physician was notified of Participant #1, Participant #3, Participant #4, and Participant #5's involvement in a [redacted] NJ Exec Order 26.4b1.</p> <p>The surveyor interviewed the DON and inquired if she notified the physician for each of tthe Participants #'s 1, 3, 4, and 5 regarding the [redacted] and if so where would it be documented. The DON stated that she called the physicians but was not sure if she documented the notification in the IPN.</p> <p>The surveyor reviewed the facility policy and procedure titled, "Responsibilities of the Director of Nursing Services" which revealed, "...Communicate with the family caregiver/participant representative regarding problems related to care of the participant at the center ... changes in the participant's condition ...Provide emergency care including notification of ambulance, physician, emergency care facility, and participant's emergency contact;"</p> <p>In addition, the surveyor reviewed the facility policy and procedures titled "Provision of Nursing Services" which revealed, "...The Registered Professional Nurse shall be responsible for, but not limited to, the following: ...managing medical emergencies."</p>	M 443		
M 821	<p>8:43F-17.1(a)(1) Transportation Services</p> <p>(a) The facility shall provide safe transportation</p>	M 821		

New Jersey Department of Health

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M 821	<p>Continued From page 19</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 00187123</p> <p>Based on interview and record review it was determined that the facility failed to provide safe transportation services during participants transportation to home for 4 of 5 participants, Participants #1, 3, 4, and 5. The deficient practice was evidenced by the following:</p> <p>On 6/9/25, the Department of Health (DOH) received a Facility Reportable Event (FRE) regarding a NJ Exec Order 26.4b1 that occurred on [redacted]. According to the FRE, the facility van was [redacted] by another vehicle when the other vehicle failed to [redacted]</p>	M 821		

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M 821	<p>Continued From page 20</p> <p>On 11/13/25 at 9:25 a.m., the surveyor interviewed the Administrator and inquired about which participants were in the facility vehicle at the time of the [redacted]. The Administrator stated that Participant #s 1, 3, 4, and 5 were in the vehicle at the time of the [redacted].</p> <p>At 9:36 a.m., the surveyor reviewed Participant #1's medical record (MR), which revealed that Participant #1 was admitted to the program in [redacted] with a diagnosis of [redacted].</p> <p>The surveyor reviewed Participant #1's Interdisciplinary Progress Note (IPN) dated [redacted], written by the Director of Nursing (DON), which revealed that Participant #1 was taken to the Emergency Room on [redacted] with [redacted] and both [redacted] and [redacted] and was discharged from the hospital the same day on [redacted]. According to the IPN, Participant #1 did not attend the program from [redacted] through [redacted] following the [redacted].</p> <p>At 10:30 a.m., the surveyor reviewed Participant #3's MR, which revealed that Participant #3 was admitted to the program in [redacted] with a diagnosis of [redacted]. The surveyor attempted to interview Participant #3; however, Participant #3 was [redacted] due to the participant's [redacted].</p> <p>At 10:49 a.m., the surveyor reviewed Participant #4's MR, which revealed that Participant #4 was admitted to the program in [redacted] with a diagnosis of [redacted]. The surveyor attempted to interview Participant #4; however, Participant #4 was [redacted] and was [redacted] information regarding the [redacted].</p>	M 821		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 908115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2025
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M 821	<p>Continued From page 21</p> <p>At 10:55 a.m., the surveyor reviewed Participant #5's MR, which revealed that Participant #5 was admitted to the program in NJ Exec Order 26.4b1 with a diagnosis of NJ Exec Order 26.4b1. The surveyor attempted to interview Participant #5; however, Participant #5 was NJ Exec Order 26.4b1 due to the participant's NJ Exec Order 26.4b1.</p> <p>At 12:28 p.m., the surveyor interviewed Driver #1 who was involved in the NJ Exec Order 26.4b1 through an NJ Exec Order 26.4b1 and inquired about the NJ Exec Order 26.4b1. Driver #1 stated that his vehicle was NJ Exec Order 26.4b1 from NJ Exec Order 26.4b1 by another vehicle. Driver #1 also stated that he stopped the vehicle and exchanged information with the other driver, and explained that he did not call the NJ Exec Order 26.4b1 or medical emergency services.</p> <p>During continued interview with Driver #1, he confirmed that he was instructed by the Director of Transportation (DOT) to call NJ Exec Order 26.4b1 however, the driver failed to follow the instructions given to him by the DOT to call NJ Exec Order 26.4b1 following the NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1.</p> <p>Additionally, Driver #1 stated that he evaluated the participants by asking them if they were ok. When the participants told him that they were NJ Exec Order 26.4b1 he continued his route. Driver #1 stated that no further evaluation were done following the NJ Exec Order 26.4b1.</p> <p>At 1:00 p.m., the surveyor interviewed the DOT and inquired about the NJ Exec Order 26.4b1. The DOT stated that she was notified by Driver #1 of the NJ Exec Order 26.4b1 and she instructed Driver #1 to call NJ Exec Order 26.4b1. The surveyor inquired if NJ Exec Order 26.4b1 was called following the NJ Exec Order 26.4b1. The DOT stated that NJ Exec Order 26.4b1 was not called after the NJ Exec Order 26.4b1 and that Driver #1 transported all</p>	M 821		

New Jersey Department of Health

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M 821	<p>Continued From page 22</p> <p>the four participants involved in the MVA to their homes.</p> <p>At 1:09 p.m., the surveyor interviewed the Administrator and inquired about the [redacted] on [redacted]. The Administrator stated that he was notified of the [redacted] the following day on [redacted], as he was off on [redacted]. The Administrator stated that he called the [redacted] to notify them of the [redacted] upon his return to the facility on [redacted]. Further, the Administrator stated that he called Participant #1 the following day to check on the participant's health status as a result of the [redacted]. The Administrator stated that Participant #1 notified him that he/she went to the Emergency Room on [redacted] following the [redacted] because of [redacted] related to the [redacted].</p> <p>During interview with the Administrator, he stated that Driver #1 was suspended for 2 days and was re-educated on policy and procedures for [redacted].</p> <p>Driver #1 failed to follow the policy and notify the police and emergency services to evaluate Participants #'s 1, 3, 4, and 5 for medical needs after the [redacted] when the vehicle was [redacted] by another driver. In addition, the participants did not have the [redacted] whether they were [redacted] or not and as a result Participant #1 ended up at the hospital after the [redacted].</p> <p>The surveyor reviewed a facility policy titled, "TRANSPORTATION PROCEDURES DRIVING SAFETY ACCIDENT REPORTING," dated 3/20/25, which revealed, " ... In the event of an ACCIDENT: ... 1. Contact 911 from the NEXTEL phone and give location, specifics about accident, number of injured persons, your name, and any other information requested. 2. Contact the</p>	M 821		
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New Jersey Department of Health

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M 821	Continued From page 23 Center of the situation and await further instructions ..."	M 821		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 908115	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/23/2026
NAME OF FACILITY CEDAR HARBOR MEDICAL DAY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 545 EAST 1ST AVENUE ROSELLE, NJ 07203

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 M0303	Correction	ID Prefix M0421	Correction
Reg. # 8:43F-3.1(b)(1-7)	Completed	Reg. # 8:43F-3.12	Completed	Reg. # 8:43F-6.3(e)(1)(i)	Completed
LSC	11/14/2025	LSC	11/14/2025	LSC	11/14/2025
ID Prefix M0443	Correction	ID Prefix M0821	Correction	ID Prefix	Correction
Reg. # 8:43F-7.4(b)(2)(i-ix),(3-4)	Completed	Reg. # 8:43F-17.1(a)(1)	Completed	Reg. #	Completed
LSC	11/14/2025	LSC	11/14/2025	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 11/13/2025		<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 908115	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/23/2026
Y1	Y2	Y3
NAME OF FACILITY CEDAR HARBOR MEDICAL DAY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 545 EAST 1ST AVENUE ROSELLE, NJ 07203

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 M0303	Correction	ID Prefix M0443	Correction
Reg. # 8:43F-3.1(b)(1-7)	Completed	Reg. # 8:43F-3.12	Completed	Reg. # 8:43F-7.4(b)(2)(i-ix),(3-4)	Completed
LSC	11/14/2025	LSC	11/14/2025	LSC	11/14/2025
ID Prefix M0821	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:43F-17.1(a)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/14/2025	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 11/13/2025		<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		