

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 908116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/12/2024
NAME OF PROVIDER OR SUPPLIER 2ND HOME SWEET HOME OPERATIONS, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 550 NORTH BROAD STREET ELIZABETH, NJ 07208		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	Initial Comments Type of Survey: Complaint Complaint #: NJ00171679 Census: AM: 132 PM: 71 Sample Size: 4 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 223	8:43F-3.1(b)(1-7) Administration (b) The administrator shall be responsible for, but not limited to, the following: 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

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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: NJ00171679</p> <p>Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to implement its policy and procedures titled, "Admission/Visitors and Use of Wonder Guard" to ensure participant safety while</p>	M 223		

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M 223	<p>Continued From page 2</p> <p>in the care of the facility for 1 of 4 participants, Participant #1. This deficient practice was evidenced by the following:</p> <p>On 2/27/24 the Department of Health (DOH) conducted a survey at the facility regarding a Facility Reportable Event (FRE) which was received on [REDACTED] NJ ex order 26.4b1 [REDACTED] for Participant #1, NJ ex order 26.4b1 [REDACTED]."</p> <p>At 10:30 a.m., the surveyor interviewed the Administrator regarding the FRE sent to the DOH on [REDACTED] regarding Participant #1's [REDACTED] NJ ex order 26.4b1 [REDACTED]. The Administrator stated on [REDACTED] NJ ex order 26.4b1 [REDACTED], Participant #1 was a [REDACTED] NJ ex order 26.4b1 [REDACTED] and NJ ex order 26.4b1 [REDACTED].</p> <p>[REDACTED] The Administrator stated on [REDACTED] NJ ex order 26.4b1 [REDACTED] around 11:50 a.m., a Certified Nurse Assistant (CNA) NJ ex order 26.4b1 [REDACTED].</p> <p>[REDACTED] The CNA then left the restroom area to escort another participant to the same restroom. The Administrator stated upon return, the CNA noticed Participant #1 [REDACTED] NJ ex order 26.4b1 [REDACTED].</p> <p>[REDACTED] The Administrator stated the CNA then informed the Marketer and the Administrative staff that the Participant #1 [REDACTED] NJ ex order 26.4b1 [REDACTED].</p> <p>The Administrator further stated all staff [REDACTED] NJ ex order 26.4b1 [REDACTED].</p> <p>[REDACTED] The Administrator stated the participant [REDACTED] NJ ex order 26.4b1 [REDACTED] approximately between 4:45 p.m. and 4:57 p.m. The Administrator added the participant was [REDACTED] NJ ex order 26.4b1 [REDACTED].</p>	M 223		

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M 223	<p>Continued From page 3</p> <p>At 11:12 a.m., the surveyor interviewed the CNA regarding Participant #1's NJ ex order 26.4b1. The CNA stated NJ ex order 26.4b1 11:45 a.m., and NJ ex order 26.4b1. The CNA stated she notified the Marketer, and the administrative staff that the participant NJ ex order 26.4b1. During the interview, the CNA stated she was NJ ex order 26.4b1.</p> <p>At 11:20 a.m., the surveyor interviewed Marketer #1 via interpreter regarding the procedure for potential participants attending the program. Marketer #1 stated she gathered medical information from the caregiver or the client prior to the NJ ex order 26.4b1. Marketer #1 explained during the NJ ex order 26.4b1 the potential participant NJ ex order 26.4b1.</p> <p>At 11:36 a.m., the surveyor interviewed the Director of Nursing (DON) regarding the procedure for potential participants enrollment into the program. The DON stated the potential participant NJ ex order 26.4b1 a NJ ex order 26.4b1 and she does not complete an assessment or an evaluation. Additionally, the DON stated she was not made aware of a potential participant's NJ ex order 26.4b1. The DON further stated NJ ex order 26.4b1 Participant #1 and was unable to provide any documented records to the surveyor. The DON stated the Marketers were responsible for the documentation of all potential participants during their visits.</p> <p>At 2:00 p.m., the surveyor interviewed Marketer</p>	M 223		

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M 223	<p>Continued From page 4</p> <p>#2 via interpreter regarding Participant #1's NJ ex order 26.4b1. Marketer #2 stated the participant attended the program on NJ ex order 26.4b1 and NJ ex order 26.4b1. During the interview, Marketer #2 and the Administrator both stated on NJ ex order 26.4b1 an interview was conducted with Participant #1's spouse regarding the participant's NJ ex order 26.4b1. The Administrator and Marketer #2 both stated the participant's spouse NJ ex order 26.4b1. A NJ ex order 26.4b1</p> <p>Marketer #2 also stated on NJ ex order 26.4b1 she was informed by the CNA that Participant #1 NJ ex order 26.4b1</p> <p>During continued interview, Marketer #2 provided the surveyor with Participant #1's "Intake Record" which revealed a documented History and Physical dated NJ ex order 26.4b1. The surveyor identified the physician documented mental status NJ ex order 26.4b1. However, the Administrator/Marketer #2 NJ ex order 26.4b1.</p> <p>At 2:15 p.m., the surveyor reviewed the facility policy and procedure titled, "Admission/Visitors," noted in "Procedure: ...Potential client will be evaluated by the registered nurse to ensure he/she meets the eligibility criteria 2. An H&P will be obtained from the physician..."</p> <p>In addition, the surveyor reviewed the facility policy and procedure titled, "Use of Wonder Guard ...The registered nurse will assess all participants who have a diagnosis, which relates</p>	M 223		

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M 223	<p>Continued From page 5</p> <p>to cognitive impairment and for the possibility of elopement ...If the registered nurse deems the patient at risk for elopement, she will notify the family and receive consent for the wonder guard to place on the client."</p> <p>At 2:30 p.m., the surveyor requested a removal plan from the administrator for the facility registered nurse not completing an assessment and/or evaluation for a [NJ ex order 26.4b1] participant who [NJ ex order 26.4b1] which placed the participant [NJ ex order 26.4b1]. Additionally, the facility failed to provide documentation to support Participant #1's [NJ ex order 26.4b1].</p> <p>On 3/5/24 the surveyor reviewed the [NJ ex order 26.4b1] which revealed Participant #1 was [NJ ex order 26.4b1] or [NJ ex order 26.4b1] at 11:50 a.m., and [NJ ex order 26.4b1] at 5:04 p.m., [NJ ex order 26.4b1].</p> <p>The report further indicated the police contacted the emergency medical services and the participant [NJ ex order 26.4b1].</p> <p>On 4/2/24 at 10:58 a.m., the facility provided the surveyor with a removal plan via email which was accepted on [NJ ex order 26.4b1].</p> <p>On 4/12/24 the surveyor conducted a follow-up visit at the facility and observed the removal plan had been implemented. The surveyor observed elopement risk participants wore safety vests, and were monitored by staff. Additionally, the surveyor observed the visiting participant wore a lanyard. The Administrator provided the surveyor with staff training records on the facility's policy and procedures for visiting participants. The surveyor interviewed the DON and care staff and</p>	M 223		

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M 223	Continued From page 6 all were aware of the facility's procedures for elopement risk participants, and assessments for visiting participants.	M 223		
M 367	8:43F-5.3(b) Participant Assessment and Plan of Care An initial assessment shall be completed for each participant on the day of admission and shall include at least personal hygiene, immediate dietary needs, medications, ambulation and diagnosis. Based on this initial assessment, a written initial plan of care shall be developed within five business days of the date the initial assessment is performed. This REQUIREMENT is not met as evidenced by: NJ00171679 Based on interview, record review, and review of facility policy and procedure, it was determined that the facility failed to perform a participant initial nursing assessment or a nursing evaluation upon participant attendance to the facility for 1 of 4 participants. Participant #1. This deficient practice was evidenced by the following: On 2/27/24 at 10:30 a.m., the surveyor interviewed the Administrator regarding a facility reportable event (FRE) sent to the Department of Health on [NJ ex order 26.4b] regarding Participant #1's elopement. The Administrator stated on [NJ ex order 26.4b1] Participant #1 was a [NJ ex order 26.4b] and [NJ ex order 26.4b1] [REDACTED] The Administrator stated on	M 367		

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M 367	<p>Continued From page 7</p> <p>2/20/24 around 11:50 a.m., a [REDACTED] NJ ex order 26.4b1 [REDACTED]. The CNA then left the restroom area to escort another participant to the same restroom. The Administrator stated upon return, the CNA noticed Participant #1 [REDACTED] NJ ex order 26.4b1 [REDACTED]. The Administrator stated the CNA then informed the Marketer and the Administrative staff that Participant #1 [REDACTED] NJ ex order 26.4b1 [REDACTED].</p> <p>At 11:00 a.m., the surveyor reviewed the facility sign-in attendance and transportation logs dated [REDACTED] NJ ex order 26.4b1 [REDACTED] and [REDACTED] NJ ex order 26.4b1 [REDACTED] which revealed Participant #1 [REDACTED] NJ ex order 26.4b1 [REDACTED] started [REDACTED] NJ ex order 26.4b1 [REDACTED].</p> <p>According to the marketer's "Intake Record," the participant's History and [REDACTED] NJ ex order 26.4b1 [REDACTED] noted Participant #1's [REDACTED] NJ ex order 26.4b1 [REDACTED].</p> <p>At 11:36 a.m., the surveyor interviewed the Director of Nursing (DON) regarding the procedure for potential participants enrollment into the program. The DON stated the potential participant came in for [REDACTED] NJ ex order 26.4b1 [REDACTED]. Additionally, the DON stated she was not made aware of a potential participant's history until enrollment admission was completed for the program. The DON further explained that she did not assess nor evaluate Participant #1 and was unable to provide any documented medical records to the surveyor. The DON stated the Marketers were responsible for the documentation of all potential participants during their visits.</p>	M 367			

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M 367	Continued From page 8 At 2:15 p.m., the surveyor reviewed the facility policy and procedure titled, "Admission/Visitors" noted in "Procedure: ...Potential client will be evaluated by the registered nurse to ensure he/she meets the eligibility criteria. ..." Reference: M-0223, 8:43F-3.1(b)(1-7)	M 367			

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{M 000}	<p>Initial Comments</p> <p>Type of Survey: Complaint</p> <p>Complaint #: NJ00171679</p> <p>Census: AM: 132 PM: 71</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}		

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

TITLE

(X6) DATE

04/26/24

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 908116	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/12/2024
NAME OF FACILITY 2ND HOME SWEET HOME OPERATIONS, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 550 NORTH BROAD STREET ELIZABETH, NJ 07208	

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 M0367	Correction	ID Prefix	Correction
Reg. # 8:43F-3.1(b)(1-7)	Completed	Reg. # 8:43F-5.3(b)	Completed	Reg. #	Completed
LSC	04/19/2024	LSC	04/19/2024	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 4/12/2024		<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 908116	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/12/2024
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ID Prefix M0223	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:43F-3.1(b)(1-7)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/19/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 4/12/2024		<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			