

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 908117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/08/2025
NAME OF PROVIDER OR SUPPLIER SENIOR SPIRIT OF ROSELLE PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 430 EAST WESTFIELD AVENUE ROSELLE PARK, NJ 07204		
(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#: NJ00187508, NJ00166253 Census: 131 Sample Size: 6 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

10/09/25

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M 223	Continued From page 1 4. Ensuring that all personnel are assigned duties based upon their education, training, competencies, and job descriptions; 5. Ensuring the provision of staff orientation, staff education, and ongoing staff training in accordance with N.J.A.C. 8:43F-6.3; 6. Establishing and maintaining liaison relationships and communication between facility staff and services providers and with participants and their caregivers; and 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. This REQUIREMENT is not met as evidenced by: Complaint#: NJ 00187508 Based on interview and record review, it was determined that the facility Administrator failed to follow and implement its policy and procedure titled, "Policies and Procedures Regarding Members Rights," "Elder Abuse," and "Members	M 223		

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M 223	Continued From page 2 Assessments" for assessing, training, and notification to the Department of Health (DOH), the police, and physician for an NJ Ex Order 26. 4B1 [REDACTED] for 1 of 6 participants, Participant #2. This deficient practice was evidenced by the following: On 7/7/25 at 10:36 a.m., the surveyor reviewed the medical record (MR) of Participant #2 which revealed that the participant was NJ Ex Order 26. 4B1 [REDACTED]. In addition, the surveyor reviewed the Interdisciplinary Quarterly Note/Conference (IQNC)" summary dated NJ Exec Order 26. 4B1 [REDACTED], written by a Registered Nurse (RN), which documented that the participant required NJ Exec Order 26. 4b1 [REDACTED] for NJ Exec Order 26. 4B1 [REDACTED] other participant's NJ Exec Order 26. 4b1 [REDACTED] and display of NJ Ex Order 26. 4B1 [REDACTED] toward other participants. At 12:40 p.m., the surveyor interviewed the Administrator regarding Participant #2's NJ Ex Order 26. 4B1 [REDACTED] NJ Exec Order 26. 4b1 [REDACTED]. The Administrator stated that the participant was known to NJ Ex Order 26. 4B1 [REDACTED]. During interview, the Administrator stated that an incident occurred in NJ Exec Order 26. 4b1 [REDACTED] where she [Administrator] overheard the participant making NJ Ex Order 26. 4B1 [REDACTED]. The surveyor asked the Administrator what she did about the NJ Ex Order 26. 4B1 [REDACTED] and then requested the investigation report for review. At 12:54 p.m., the surveyor reviewed the investigation report provided by the Administrator, which revealed that on NJ Ex Order 26. 4B1 [REDACTED], Participant #2 NJ Ex Order 26. 4B1 [REDACTED]	M 223		

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M 223	Continued From page 3 <u>NJ Ex Order 26. 4B1</u> " in the van during transportation. In addition, the report revealed that the participant's family member was notified, and that the participant was not referred to a physician or Emergency Room (ER). During interview with the Administrator, she stated that the participant's driver was changed on <u>NJ Ex Order 26. 4B1</u>. However, the Administrator was unable to provide the surveyor with documented evidence that showed that the participant's driver was changed on <u>NJ Ex Order 26. 4B1</u>, following the <u>NJ Ex Order 26. 4B1</u>. While interviewing the Administrator, the surveyor inquired if the <u>NJ Ex Order 26. 4B1</u> were reported to the DOH and the police. The Administrator stated that she did not report the above <u>NJ Ex Order 26. 4B1</u> to the DOH and the <u>NJ Ex Order 26. 4B1</u>. At 1:10 p.m., the surveyor interviewed the Administrator regarding staff training following the <u>NJ Ex Order 26. 4B1</u>. The Administrator stated that she held a meeting after the incident on notification and reporting <u>NJ Ex Order 26. 4B1</u>. However, the Administrator stated that she did not document the staff training on <u>NJ Ex Order 26. 4B1</u> following the above incident on <u>NJ Ex Order 26. 4B1</u>. On 7/8/25 at 10:48 a.m., the surveyor interviewed the <u>NJ Ex Order 26. 4B1</u> driver regarding training on <u>NJ Ex Order 26. 4B1</u> following the <u>NJ Ex Order 26. 4B1</u>. The Driver stated that he did not receive training or in-services on <u>NJ Ex Order 26. 4B1</u> following the <u>NJ Ex Order 26. 4B1</u> incident with Participant #2. In addition, the driver confirmed that he continued to work after the <u>NJ Ex Order 26. 4B1</u> but his transportation route was changed on <u>NJ Ex Order 26. 4B1</u>.	M 223		

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M 223	Continued From page 4 At 11:25 a.m., the surveyor reviewed the program transportation logs dated 3/2025, which revealed that Participant #2 continued to be transported by the <u>NJ Ex Order 26. 4B1</u> driver on <u>NJ Ex Order 26. 4B1</u>, a total of 3 days post incident. At 1:40 p.m., the surveyor interviewed the Assistant Director of Nursing (ADON) regarding the <u>NJ Ex Order 26. 4B1</u> and inquired if the participant was assessed for any injuries. The ADON stated that assessments would be completed if the participant displayed a change in condition or an incident occurred. The ADON also stated that the physician would also be notified. During review of the MR, the surveyor did not identify a documented assessment or physician notification following an <u>NJ Ex Order 26. 4B1</u>. The surveyor reviewed the facility policy and procedure titled, "Policy and Procedures Regarding Member Rights" which revealed "... Members' rights, policies and procedures ensure that, at a minimum, each member admitted to the Facility: ... Is free from mental and physical abuse, ..." and upon "Receiving of Member Complaints ... Complaints involving abuse are reported ... Depending upon the situation, the Police Department may be notified ..." In addition, the surveyor reviewed the facility policy and procedure titled, "Elder Abuse Protocol" which revealed "... In order to keep all members ... free of mental, emotional, physical ... abuse, all ... staff are educated regarding the signs of abuse and prevention of abuse ... If	M 223		

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M 223	Continued From page 5 abuse or suspected abuse is thought to have occurred, it will be reported to ... New Jersey hotline phone number ... If medical care is not needed, the suspected victim will be kept safely away from the suspected abuser. ...If suspected abuser is a staff member, ...the staff member will be suspended pending the outcome of the investigation. ..." The surveyor also reviewed the facility policy and procedure titled, "Member Assessment" which revealed "... Assessments and reassessments are documented in the member's medical record. ..." Reference: M0327, 8:36-4.2(a)(8)	M 223			
M 327	8:43F-4.2(a)(8) Participant Rights (a) Participant rights, policies, and procedures shall ensure that, at a minimum, each participant admitted to the facility: 8. Is free from mental and physical abuse, free from exploitation, and free from the use of chemical and physical restraints. Medications shall not be used for punishment or for convenience of facility personnel. This REQUIREMENT is not met as evidenced by:	M 327			

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M 327	Continued From page 6 Based on observation, interview, and record review, it was determined that the facility Administrator failed to ensure participant safety following an NJ Ex Order 26. 4B1 [REDACTED] for 1 of 6 participants, Participant #2. This deficient practice was evidenced by the following: On 7/7/25 at 10:36 a.m., the surveyor reviewed the medical record (MR) of Participant #2, which revealed that the participant was NJ Ex Order 26. 4B1 [REDACTED]. In addition, the surveyor reviewed the "Interdisciplinary Quarterly Note/Conference (IQNC)" summary dated NJ Ex Order 26. 4B1 [REDACTED] and NJ Ex Order 26. 4B1 [REDACTED], which revealed that the participant was NJ Ex Order 26. 4B1 [REDACTED]. During surveyor review of the IQNC dated NJ Ex Order 26. 4B1 [REDACTED], written by a Registered Nurse (RN), revealed that the Participant #2 required NJ Ex Order 26. 4B1 [REDACTED] for NJ Ex Order 26. 4B1 [REDACTED] other participant's NJ Ex Order 26. 4B1 [REDACTED] and display of NJ Ex Order 26. 4B1 [REDACTED] toward other participants. At 12:00 p.m., the surveyor observed Participant #2 seated at a table in the small dining/activity room. At that time, the surveyor interviewed the participant regarding the transportation staff and the care the participant received during programming hours. The participant stated that he/she enjoyed attending the program, and did not have any problems or concerns related to care or transportation staff. During the interview, the surveyor observed the participant pointing to other participants, verbalizing that NJ Ex Order 26. 4B1 [REDACTED].	M 327		

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M 327	Continued From page 7 At 12:40 p.m., the surveyor interviewed the Administrator regarding Participant #2's NJ Ex Order 26. 4B1 NJ Exec Order 26.4b1. The Administrator stated that the participant was known to NJ Ex Order 26. 4B1 NJ Ex Order 26. 4B1. During interview, the Administrator stated that an incident occurred in NJ Exec Order 26.4b1 where she [Administrator] overheard the participant making NJ Ex Order 26. 4B1. The surveyor asked the Administrator what she did about the NJ Ex Order 26. 4B1 and then requested the investigation report for review. During interview with the Administrator, she stated that the participant's driver was changed on NJ Ex Order 26. 4B1. However, the Administrator was unable to provide the surveyor with documented evidence that showed that the participant's driver was changed on NJ Ex Order 26. 4B1, following the NJ Ex Order 26. 4B1. At 12:54 p.m., the surveyor reviewed the investigation incident report dated NJ Ex Order 26. 4B1, which revealed that Participant #2 NJ Ex Order 26. 4B1 NJ Ex Order 26. 4B1. In addition, the participant NJ Ex Order 26. 4B1 NJ Ex Order 26. 4B1. In addition, the surveyor reviewed the driver's interview statement dated NJ Ex Order 26. 4B1, the date of incident which revealed that Participant #2 got on the van and sat behind the driver and stated that he/she had a NJ Ex Order 26. 4B1 about the driver. The driver's statement also revealed that the participant called the driver a NJ Ex Order 26. 4B1 NJ Ex Order 26. 4B1. The participant then asked the driver if NJ Ex Order 26. 4B1 and the driver replied	M 327		

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M 327	Continued From page 8 NJ Ex 0. " The driver's statement also stated that the driver then kindly asked the participant to stay seated and enjoy the ride. On 7/8/25 at 10:48 a.m., the surveyor interviewed the NJ Ex Order 26. 4B driver regarding the NJ Ex Order 26. 4B1. The driver stated that on NJ Ex Order 26. 4B a day prior to the NJ Ex Order 26. 4B incident, he notified the Director of Transportation (DOT) that Participant #2 was making NJ Ex Order 26. 4B1 comments and requested that the participant transport routes be changed. In addition, the driver confirmed that he continued to work after the NJ Ex Order 26. 4B1, but his transportation route was changed on NJ Ex Order 26. 4B. At 11:25 a.m., the surveyor reviewed the program transportation logs dated NJ Ex Order 26. 4B, which revealed that Participant #2 continued to be transported by the NJ Ex Order 26. 4B driver on NJ Ex Order 26. 4B1, a total of 3 days post incident. The surveyor also reviewed the NJ Ex Order 26. 4B staffing schedule which revealed that the NJ Ex Order 26. 4B driver continued to work on NJ Ex Order 26. 4B1, during an investigation of NJ Ex Order 26. 4B1. At 11:36 p.m., the surveyor interviewed the DOT regarding the NJ Ex Order 26. 4B1 by Participant #2 on NJ Ex Order 26. 4B. The DOT stated that on NJ Ex Order 26. 4B the NJ Ex Order 26. 4B driver requested for administration staff to speak with the Participant #2 regarding an NJ Ex Order 26. 4B1 behavior. The DOT stated that NJ Ex did not get to address the concern prior to the NJ Ex Order 26. 4B1. NJ Ex Order 26. 4B. The DOT explained that on NJ Ex Order 26. 4B, after speaking with the participant's family member, the participant's van route and driver was changed. The surveyor reviewed the facility policy and	M 327		

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M 327	Continued From page 9 procedure titled, "Member Rights" which revealed, "... Members' rights, policies and procedures ensure that, at a minimum, each member admitted to the Facility: ... Is free from mental and physical abuse, ..." In addition, the surveyor reviewed the facility policy and procedure titled, "Elder Abuse Protocol" which revealed that "If medical care is not needed, the suspected victim will be kept safely away from the suspected abuser. ...If suspected abuser is a staff member, ...the staff member will be suspended pending the outcome of the investigation. ..."	M 327		
M 375	8:43F-5.4(a)(1-5) Participant Assessment and Plan of Care (a) A written interdisciplinary plan of care shall be developed, based on the initial and interdisciplinary assessment, within 30 days of the date the participant first attends the program. The plan of care shall include, but not be limited to, the following: 1. The participant's scheduled days of attendance; 2. The specific goals of care, if appropriate; 3. The participant's needs and preferences for himself or herself; 4. Orders for treatment or services, medications, and diet, if needed; and 5. The time intervals at which the participant's response to treatment will be reviewed.	M 375		

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M 375	Continued From page 10 This REQUIREMENT is not met as evidenced by: Complaint#s: NJ 00166253, NJ 00187508 Based on interview and record review, it was determined that the facility failed to ensure that a Registered Nurse (RN) developed and implemented an Interdisciplinary Plan of Care (ICP) with intervention(s) to address participant care needs, NJ Exec Order 26.4b1, and safety NJ Ex Order 26. 4B1 of 6 participants. Participant #s 2, 3, and 6. This deficient practice was evidenced by the following: 1. On 7/7/25 at 10:36 a.m., the surveyor reviewed Participant #2's medical record (MR) which revealed that the participant was NJ Ex Order 26. 4B1 [REDACTED]. In addition, the surveyor reviewed the "Interdisciplinary Quarterly Note/Conference (IQNC)" summary dated NJ Exec Order 26. 4b1, which revealed documentation that reflected the participant NJ Ex Order 26. 4B1 for NJ Exec Order 26.4b1 other participant's NJ Exec Order 26.4b1, and displayed NJ Ex Order 26. 4B1 NJ Exec Order 26.4b1 toward other participants. During MR review, the surveyor did not identify an ICP in the MR that address the participant's care	M 375		

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M 375	Continued From page 11 needs or intervention(s) for the participant's NJ Ex Order 26. 4B1 behaviors. At 11:58 a.m., the surveyor interviewed the Assistant Director of Nursing (ADON) regarding Participant #2's ICP and requested the ICP for review. The ADON stated that the participant ICP was reviewed and updated quarterly and that behaviors were not a part of the participant's ICP. However, the ADON stated that she could not locate the participant's ICP and was unable to provide the surveyor with a copy. 2. On 8/2/23, the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), a document used by healthcare facilities to report incidents to the NJDOH. The report revealed on NJ Exec Order 26. 4B1, Participant #6 had a NJ Ex Order 26. 4B1 and then was transported to the NJ Ex Order 26. 4B1. On 7/7/25 at 10:36 a.m., the surveyor reviewed a closed MR for Participant #6 which revealed a facility NJ Ex Order 26. 4B1. Review of the NJ Exec Order 26.4b1 revealed the participant was ordered a NJ Ex Order 26. 4B1 diet (NJ Ex Order 26. 4B1). Further review of the MR revealed a facility NJ Ex Order 26. 4B1. Record review of the Initial 5-day Nursing Assessment dated NJ Exec Order 26. 4B1, revealed Participant #6 required NJ Ex Order 26. 4B1. There was no ICP developed for Participant #6 to ensure goals and interventions were evaluated for	M 375		

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M 375	Continued From page 12 NJ Ex Order 26. 4B1 At 11:56 a.m., during surveyor interview, the Assistant Director of Nursing (ADON) stated that the primary physician ordered the participant's diet and NJ Ex Order 26. 4B1. The ADON further stated that the facility kitchen staff was notified of any diet restrictions and if any problems were noted during NJ Ex Order 26. 4B1, the aide notified a nurse (DON, ADON, or Licensed Practical Nurse (LPN)). On 7/8/25 at 10:41 a.m., the surveyor toured the special needs area and observed participants preparing to eat. The surveyor observed Participant #3 seated at a table. When the surveyor asked about Participant #3's habits, the NJ Exec Order 26.4b1 stated that he/she NJ Ex Order 26. 4B1. At 12:10 p.m., the surveyor reviewed the MR for Participant #3 which revealed a NJ Ex Order 26. 4B1. NJ Ex Order 26. 4B1. Review of the NJ Exec Or revealed a physician order for "NJ Ex Order 26. 4B1" NJ Exec (NJ Ex Order 26. 4B1). Further review of Participant #3's IQNC dated NJ Exec Order 26.4b1 revealed he/she needed NJ Ex Order 26. 4B1. There was no ICP developed for Participant #3 to ensure goals and interventions were in place for the participant to receive NJ Ex Order 26. 4B1 and ensure his/her safety while NJ Ex Order 26. 4B1. The surveyor reviewed the facility policy and procedure titled, "Member Assessment" which revealed "...A Registered Professional Nurse (RN) assesses the nursing needs of each	M 375		

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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 375	Continued From page 13 member, coordinates the written interdisciplinary care plan, and ensures timelines of all services. ...Implementation of the Member Plan of Care ...A written interdisciplinary plan of care will be developed ...The plan of care will include measurable objectives with interventions based on the members care needs and means of achieving each goal. ..."	M 375			
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	M 443			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 908117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/08/2025
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M 443	Continued From page 14 ix. Communicating findings to the attending physician; 3. Managing medical emergencies; 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#: NJ 00166253 Based on interview and record review, it was determined that the facility's Director of Nursing (DON) failed to notify the physician of a participant's NJ Exec Order 26.4b1 for 1 of 6 participants reviewed, Participant # 6. This deficient practice was evidenced by the following:	M 443			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 908117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/08/2025
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M 443	Continued From page 15 On [NJ Exec Order], the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), a document used by healthcare facilities to report incidents to the NJDOH. The report revealed on the event date of [NJ Ex Order 26.4B], Participant #6 had a NJ Ex Order 26.4B1 [redacted] and then was transported to the [NJ Ex Order 26.4B]. On 7/7/25 at 10:36 a.m., the surveyor reviewed Participant #6's closed Medical Record (MR) which revealed a NJ Ex Order 26.4B1 [redacted]. Further review of the MR revealed a document titled, [NJ Exec Order 26.4b1] [redacted] which noted the participant was ordered a [NJ Ex Order 26.4B1] "diet (NJ Ex Order 26.4B1 [redacted]). In addition, the MR revealed a NJ Ex Order 26.4B1 [redacted]. Further review of Participant #6's MR, revealed a document titled, "Incident Report" which revealed the participant had a NJ Ex Order 26.4B1 [redacted] and was transferred to the [NJ Ex Order 26.4B1] by Emergency Medical Services (EMS). Furthermore, the review of the participant's medical record indicated that there was no documented evidence that the DON notified the participant's physician of the [NJ Ex Order 26.4B1] [redacted] and his/her NJ Exec Order 26.4b1. On 7/8/25 at 11:20 a.m., the surveyor interviewed the Administrator who reported being present during the incident. The Administrator stated that Participant #6 was [NJ Ex Order 26.4B1] and was brought to the nurses' station, and needed [redacted]. In the same interview, the Administrator also reported that the DON did call the participant's [NJ Exec Order 26.4B1] [redacted] regarding the situation, but was unaware if the	M 443		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 908117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/08/2025
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M 443	Continued From page 16 DON contacted the participant's physician. The Administrator further stated that the next day she spoke to Participant #6's family member and was told that the participant was being cared for [REDACTED] N.J. Ex. Order 2; however, this information was not documented in the participant's medical record. At 2:31 p.m., the surveyor interviewed the Assistant Director of Nursing (ADON) regarding nursing procedures in treating participants. The ADON stated that if a participant required treatment (within certain parameters), the nursing staff would treat the participant following the physician's written orders, but that if the participant's condition changed, then the particular physician would be contacted with an update. The ADON also stated that the facility nurse would obtain additional orders to care for the participant and would record everything in a document titled, "Progress Clinical Notes" in the participant's medical record. The surveyor reviewed the facility policy and procedure titled, "Policies for Medical Emergencies" which revealed, "...The general procedure in any medical emergency is to call for emergency transportation to an emergency facility, accompanied by a call to the attending physician. ..."	M 443		

Plan of Correction

M223 8:43F-3.1(b)(1-7) Administration

Responsible Person(S): Administrator and Director of Nursing.

Completion Date: July 29, 2025

1. Corrective Action:

Participant #2- The policy and procedures regarding Members' Rights, Elder Abuse, and Member Assessments were not followed on [redacted] NJ Ex Order 26. 4B1, and Participant #2 was affected. Participant #2 [redacted] NJ Ex Order 26. 4B1

[redacted] NJ Ex Order 26. 4B1. The following corrections were made:

On 7/9/2025, the Administrator instructed the Director of Transportation to update all transportation sheets with all changes and updates.

On 7/23/25, the following was done by the Administrator and Director of Nursing:

- *Reviewed and updated facility policies and procedures to ensure they comply with current regulations (including members' rights, Elder Abuse, and member assessments).

- *The Incident Report form has been updated to include more detailed information on incidents and procedures.

On 7/29/2025, the Administrator trained and provided staff with the updated policy manual, incident report, and information on signs of abuse and prevention of abuse, and Member Rights; attendance was documented.

- *New staff will receive orientation, besides the ongoing training, including the annual and as required by regulation. Attendance will be documented.

- *The Administrator, designee, and Director of Nursing will ensure staff education/training records are up to date and attendance is documented.

2. Identify:

- *On 7/23/2025, the Administrator and Director of Nursing have reviewed and updated the policies and procedures.

- *Members who traveled with Participant #2 and the driver were interviewed, and they expressed no concern with the driver or transportation in general.

- * On 7/14/2025, the Social Services Department hand-delivered a survey to random members, including those who traveled with Participant #2. All surveys were returned and reviewed; no concerns with transportation or driver were noted or written.

- *The Department of Social Services will be provided to members every 90 days, and members will be encouraged to complete the survey. All returned surveys will be used to review, identify, analyze, and document any risk factors, concerns, and feedback.

- *On 7/18/2025, the Administrator audited all transportation sheets and discussed with the Director of Transportation all changes and updates.

3. Measures/Systemic:

- *On 7/29/25, the Administrator conducted a training for staff on the updated policy manual on abuse prevention, mandatory reporting, participant rights, and recognizing signs of abuse.

- *Another in-service session is scheduled in 90 days to reassure understanding of abuse prevention and mandatory reporting.

Received
10/16/25

NJ Ex Order 26. 4B1

Administrato

Plan of Correction--Continue

M223 8:43F-3.1(b)(1-7) Administration

- *The administrator and/or designee will conduct monthly training and/or in-service sessions with all staff.
- *Administrator, Director of Transportation, Director of Nursing, and Director of Social Services are making regular observations on how members are treated and ensuring compliance.
- *Monthly meetings with all Directors to improve communication, discuss changes, protocols, and concerns.
- * Abuse prevention is now included in *New Hire Orientation, *Monthly in-services, and *Annual training/education.
- *Educational materials on Abuse and Neglect are available and exposed for staff and members in a bin outside the Social Services Department.

4. Monitor its corrective actions:

- *The Policy and Procedures Manual will be reviewed annually and on an as-needed basis by the Administrator to update any necessary changes to the manual.
- *The administrator will maintain a training log and review it every quarter.
- *Maintain an up-to-date file of job descriptions and training.
- *Monthly meeting with the Director of Transportation to discuss any concerns and ensure that the drivers are following policies and procedures.

M327 8:43F-4.2(a)(8) Participant Rights

Responsible Person(S): Administrator, Director of Nursing, Director of Transportation

Completion date: August 4, 2025

1. Corrective Action:

- *On July 14, 2025, Participant#2 was re-accessed and re-offered support Services, including counseling and medical evaluation. The caregiver of Participant#2 was also reached, but she said she had no questions or concerns about the incident in [NJ Exec Order 26.4b1].
- *The [NJ Ex Order 26.4B1] driver's route was changed on [NJ Ex Order 26.4B1], but the Transportation sheets were not updated to reflect the changes.
- *On July 9, 2025, the [NJ Ex Order 26.4B1] driver's transportation sheets were reviewed and updated, and the changes were reflected. On 7/9/2025, the [NJ Ex Order 26.4B1] driver also received an in-service on member rights and elder abuse.
- *On July 23, 2025, the Administrator and Director of Nursing reviewed, discussed, revised, and updated the Elder Abuse Protocol; additional steps were added:
 - Assess for any injuries(added)
 - The Police Department may be notified (depending upon the situation) (added)
- *On 7/24/2025, the administrator met with all Department heads and discussed, explained, and trained them on the revised and updated Elder Abuse Protocol, which was effective immediately after training. All Department heads were instructed to follow up with their staff monthly and have a review of Members' rights and address any concerns.
- *July 29, 2025-Staff were trained and provided with the updated Elder Abuse Protocol, in-service on Member Rights, and received an in-service on signs of abuse and prevention.

2. Identify:

- *On 7/9/2025, members who traveled with the alleged driver were asked about their experience with the driver and transportation. No concerns were mentioned or expressed.

M327 8:43F-4.2(a)(8) Participant Rights

Responsible Person(S): Administrator, Director of Nursing, Director of Transportation

Completion date: August 4, 2025

Continue with 2. Identify:

*On 7/24/2025, the Social Services Department hand-delivered a survey (with the option to be anonymous) to random members, including those who travel with Participant #2, in an effort to identify any other NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1

NJ Exec Order 26.4b1 The survey was collected, and NJ Exec Order 26.4b1 was reported or noted in the survey.

*7/29/2025, all staff were instructed to report immediately to the Administrator and/or Director of Nursing of any observation of abuse or neglect.

3. Measures/Systemic:

*On 7/21/2025, a revised orientation checklist has been developed and implemented to ensure all required topics (including abuse and neglect, participants' rights) are covered before beginning independent work.

*On 7/29/2025, staff training was completed on abuse and neglect and participants' rights.

*On 7/31/2025, a training calendar was created to schedule mandatory monthly in-service education for all staff. *Participant Rights is posted in the entrance hallway.

*Abuse and Neglect and Participant Rights are part of the New Hire Orientation, and it will continue to be part of the annual training/in-services.

4. Monitor its corrective actions:

*The administrator or designee will perform monthly audits of: Incident reports.

*Administrator and/or designee will make periodic observations on staff-member interactions (conducting unannounced observations to see the interactions among staff and members during arrival and departure).

*Audit results will be discussed in the monthly meetings with staff to highlight the good practices. If any issues are found, schedule retraining and increase unannounced observation or corrective action, including possible suspension of work duties (depending on the issue).

*The Director of Transportation will hold a monthly meeting with all drivers to discuss concerns and review Member's Right.

M375 8:43F-5.4(a)(1-5) Participant Assessment and Plan of Care

Responsible Person(S): Administrator, Director of Nursing, Assistant Director of Nursing, and Social Services Department.

Completion date: August 15, 2025

1. Corrective Action:

The Director of Nursing audited the NJ Exec Order 26.4b1 reassessed for Activity of Daily living, and updated the Care Plans for Participant #2 on NJ Exec Order 26.4b1 for participants #1, on NJ Exec Order 26.4b1 for participant #3, and on NJ Exec Order 26.4b1 for participants #4 and #5 to ensure they:

*Reflect current needs and preferences

*The goals and interventions are in place for each participant

*Accurately document service frequency and providers

*Include collaboration with external agencies (if and when applicable)

*Director of Nursing held a meeting with member(s) and/or family via phone and/or in person to Discuss, review and updates on their plan of care/Care Plans.

Continue...

2. Identify:
 - *A full audit of all registered members' Care Plan was started by the Director of Nursing and the Assistant Director of Nursing on 7/21/2025.
 - *Any plan missing components under 5.4(a)(1-5) is flagged and corrected within 10 business days.
3. Measures/Systemic:
 - *On 7/24/2025, staff were retrained on: the regulatory requirements of 8:43F-5.4(a)(1-5), proper documentation and interdisciplinary communication, the importance of Care Plans being properly reviewed and completed every quarter, and/or as necessary.
 - *On 7/23/2025, a new "Interdisciplinary Care Plan review Checklist" was created and implemented for use during initial assessments, care conferences, and quarterly review, and/or as needed.
 - *The Director of Nursing created a list to identify members who need assistance with the activities of daily living(ADL). The list will be reviewed and updated monthly or as needed by the Director of Nursing and/or Assistant Director of Nursing.
4. Monitor its corrective action:
 - *A monthly random audit of at least 10% or more of ICP will be performed by the Administrator Or Designee. Audit results will be discussed during the monthly Department Head Meetings. Any Deficiencies will result in immediate correction and retraining/in-services.
 - *During audit check that Care Plan is appropriately individualized (eg, Goals are relevant, preferences reflect the member's needs and input).
 - *For new admission (within the first 30 days), the Director of Nursing and/or Assistant Director of Nursing is to verify that the plan of care was developed within 30 days and includes all required elements.
 - *Monitor staff understanding of 5.4(a)(1-5): training new staff; periodic refresher sessions; Competency checks to ensure knowledge of what must be in the plan of care.

M443 8:43F-7.4(b)(2)(i-ix),(3-4) Nursing Services

Responsible Person(S): Administrator, Director of Nursing, Assistant Director of nursing and Licensed Practical Nurse.

Completion date: July 21, 2025

1. Corrective Action:

The Director of Nursing failed to notify participant #6's physician after a medical emergency, a change of health condition, and the emergency transportation (911) was called. Participant #6 was **NJ Ex Order 26. 4B1**

 - * On 7/21/2025, the Director of Nursing and/or Assistant Director of Nursing received a copy and was refreshed on the policy of 8:43F-7.4(b)(2)(i-ix),(3-4). The policy was reviewed and discussed. The importance of documentation on all services and actions was also discussed and emphasized.
 - *7/21/2025, a policy on when to contact the Primary Care Physician was added to Senior Spirit guidelines, and the policy was posted on each nursing station. Policy guidelines for contacting Primary Care Physician include, but are not limited to:
 - Upon Enrollment/Admission
 - Changes in member's overall health condition(s)(fall, behavioral/psychological changes, Worsening of chronic condition)
 - Medication issues
 - Emergency Situation (911 call)

Continue.... M443

-New Nursing findings in lab results

-Continuity of Care

*On 7/21/2025, the job's description and responsibilities of the registered professional nurse were reviewed and addressed with the Director of Nursing and/or Assistant Director of Nursing.

*On 7/23/2025, the Incident Report was updated to give more details of the incident and contact resources, including the police department, physician, family member, etc.

2. Identify:

All members have the potential to be affected by this deficient practice (**8:43F-7.4(b)(2)(i-ix),(3-4) Nursing Services**). Therefore, the Director of Nursing and/or Assistant Director of Nursing, and a licensed nurse, reviewed all the History and Physician notes, and the Primary Care Physician was contacted where health status changes were found.

*The Director of Nursing created a list to identify the last date of the History and Physical, History and Physical updates, and overdue. The list is reviewed monthly by the Director of Nursing and/or Assistant Director of Nursing, and Licensed Practical Nurse.

3. Measures/Systemic:

*On 7/21/2025, the Administrator conducted a mandatory in-service to all Registered nurses and licensed practical nurses on:

Treatment plan documentation standards

Regulatory requirements under 8:43F

Interdisciplinary collaboration

*On 7/24/2025, the administrator conducted an in-service for the Director of Nursing, Assistant Director of Nursing, the Director of Social Services, the Director of Transportation, and a licensed nurse on the Policy for Medical Emergency by the Administrator.

*Competency validated via return demonstration and charting simulation

*All nursing staff are now required to participate in all initial and updated treatment planning meetings.

4. Monitor its corrective action:

*The administrator and/or Director of Nursing will conduct a monthly random audit of at least 10% or more to review documentation and charting on members' Medical record. Audit will be documented and discussed in the monthly meetings with all department heads.

*A monthly random audit on the incident report to check for any errors or incomplete steps/questions. If any errors are found, there will be an immediate retraining.

*New nursing staff will be oriented and trained on the regulatory requirements under 8:43F and documentation and charting.

*Annual in-service will also be done for all nursing staff on:

Treatment plan documentation standards

Regulatory requirements under 8:43F

Interdisciplinary collaboration

When to contact Primary Care Physician (health status changes, death, fall, emergency call, ect.)

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 908117	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/8/2025
NAME OF FACILITY SENIOR SPIRIT OF ROSELLE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 430 EAST WESTFIELD AVENUE ROSELLE PARK, NJ 07204	

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 M0327	Correction	ID Prefix M0375	Correction
Reg. # 8:43F-3.1(b)(1-7)	Completed	Reg. # 8:43F-4.2(a)(8)	Completed	Reg. # 8:43F-5.4(a)(1-5)	Completed
LSC	07/29/2025	LSC	08/04/2025	LSC	08/15/2025
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	07/21/2025	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 7/8/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 908117	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/8/2025
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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	07/21/2025	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

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