

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL02007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/07/2025
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NAME OF PROVIDER OR SUPPLIER ACTORS FUND HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 155-175 WEST HUDSON AVENUE ENGLEWOOD, NJ 07631
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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
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ 00188341</p> <p>CENSUS: 44</p> <p>SAMPLE SIZE: 3</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. 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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A 401	<p>8:36-4.1(a)(22) Resident Rights</p> <p>(a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights:</p> <p>22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care;</p>	A 401		

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

TITLE

(X6) DATE

09/22/25

New Jersey Department of Health

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A 401	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ 00188341</p> <p>Based on interview and record review, it was determined that the facility failed to ensure a safe environment for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 7/23/25 The New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) (A form used by health care facilities to report events), that included a "date of event" of [redacted] and a "Time of Event" of 10:30 a.m. The report revealed that Resident #3 [redacted] in Resident #2's [redacted] [him/her]. [redacted]</p> <p>1. On 8/7/25 at 10:00 a.m., the surveyor reviewed the Medical Record (MR) of Resident #3 which revealed the resident moved into the facility on [redacted] with diagnoses, including but not limited to, [redacted] Resident #3 resided in a room on the [redacted] unit.</p> <p>2. At 10:30 a.m., the surveyor reviewed the MR of Resident #2 which revealed the resident moved into the facility on [redacted] with diagnoses, including but not limited to [redacted], and [redacted]. Resident #2 resided in a room on the [redacted].</p> <p>At 11:40 a.m. the surveyor interviewed a facility Care Manager (CM) who stated that she went to check on Resident #2 in [redacted] room and [redacted] Resident #3 in Resident #2's [redacted] [his/her] [redacted] CM also [redacted]</p>	A 401		

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A 401	<p>Continued From page 2</p> <p>stated Resident #2's NJ ex order 26.4b1 The CM stated that the residents NJ ex order 26.4b1, and Resident #3 NJ ex order 26.4b1</p> <p>The CM also stated she made rounds on the residents on the NJ Ex Order 26.4(b)(1) unit that were in their rooms, every NJ Ex Order 26.4(b)(1). The surveyor asked the CM where she documented that she had made the rounds. The CM stated that she does not document when she made rounds.</p> <p>At 12:33 p.m., the surveyor interviewed the Director of Nursing who stated that Resident #3 NJ ex order 26.4b1</p> <p>At 2:00 p.m., the surveyor viewed video footage from a hallway camera on the NJ Exec Order 26.4b1 unit with the ED. The surveyor observed Resident #3 being NJ Exec Order 26.4b1 at 11:00 a.m. on NJ Exec Order 26.4b1 by a facility staff member. The staff member closed the door and proceeded to walk down the hall away from Resident #3's NJ Exec Order 26.4b1. The surveyor did not observe any other staff member at Resident #3's NJ ex order 26.4b1</p> <p>The surveyor was not provided with any documented evidence confirming that Resident #3 NJ ex order 26.4b1 for evaluation at the time of this survey.</p> <p>The surveyor reviewed an undated facility policy titled, "RESIDENT RIGHTS" which revealed...Safe Environment...You have the right to a safe, clean, comfortable and homelike environment...Resident Behavior and Facility Practices ...Abuse- you have the right to be free</p>	A 401		

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A 401	Continued From page 3 from "...sexual abuse ..."	A 401		
A 753	<p>8:36-7.3(c) Resident Assessments and Care Plans</p> <p>(c) Documentation in the resident's record shall indicate review and any necessary revision of the resident service plan and/or health service plan.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188341 Based on interview and record review, it was determined that the facility failed to ensure resident Health Service Plan (HSP) was revised to address the resident's identified [redacted] and problems for 1 of 3 residents reviewed, Resident #3. The deficient practice was evidenced by the following:</p> <p>On 7/23/25 The New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) (A form used by health care facilities to report events), that included a "date of event" of [redacted] and a "Time of Event" of 10:30 a.m. The report revealed that Resident #3 was in Resident #2's [redacted].</p> <p>On 8/7/25 at 10:00 a.m., the surveyor reviewed the Medical Record (MR) of Resident #3 which revealed the resident moved into the facility on [redacted] with diagnoses including but not limited to [redacted]. Resident #3</p>	A 753		

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A 753	<p>Continued From page 4</p> <p>resided in a room on the NJ Exec Order 26.4b1 unit.</p> <p>At 2:00 p.m., the surveyor reviewed the Health Service Plan (HSP), dated NJ ex order 26.4b1 of Resident #3 which revealed interventions that included NJ ex order 26.4b1 Resident #3 NJ ex order 26.4b1.</p> <p>At 3:15p.m. the surveyor interviewed the Director of Nursing (DON) who confirmed that Resident #3's HSP interventions were not updated after the incident on NJ ex order 26.4b1 to include NJ ex order 26.4b1 of Resident #3 by facility staff. There was no documented evidence that interventions were initiated and implemented to address and ensure Resident #3' NJ ex order 26.4b1</p> <p>Additionally, at the time of survey on 8/7/25, there was no facility's HSP Policy provided to the surveyor.</p>	A 753		
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL02007 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing Y2	DATE OF REVISIT 12/10/2025 Y3
NAME OF FACILITY ACTORS FUND HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 155-175 WEST HUDSON AVENUE ENGLEWOOD, NJ 07631	

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 A0401	Correction	ID Prefix A0753	Correction	ID Prefix	Correction
Reg. # 8:36-4.1(a)(22)	Completed	Reg. # 8:36-7.3(c)	Completed	Reg. #	Completed
LSC	09/15/2025	LSC	09/15/2025	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	
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 8/7/2025		<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		