

New Jersey Department of Health

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| 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 10/16/2025 |
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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 |
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| A 000 | <p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ185908, NJ188744, and NJ188920</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 891 | <p>8:36-10.5(a) Dining Services</p> <p>(a) The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.</p> | A 891 | | |

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

TITLE

(X6) DATE

10/30/25

New Jersey Department of Health

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| A 891 | <p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ185908</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code, by failing to; a.) monitor routinely the temperature of the refrigerators and freezers, b.) ensure freezer thermometers were in good working condition, and c.) ensure food in the refrigerator and freezer were properly labeled and dated. This deficient practice was observed in 1 of 1 main kitchen and 2 of 2 satellite kitchens (Memory Care and Assisted Living).</p> <p>The deficient practice was evidenced by the following:</p> <p>1. On 10/16/25 at 9:42 AM, Surveyor #1 (S#1) began a tour of the facility satellite kitchen in the memory care unit with the Certified Medication Aide (CMA). S#1 and the CMA both observed the outside temperature (temp) reading for reach in refrigerator (ref) was 38 degrees and the reach in freezer was nine degrees. S#1 and CMA also observed the October 2025 temp logs for reach in ref and freezer were filled out twice a day from 10/1/25 to 10/13/25. The CMA confirmed that there were missing temp logs from 10/14/25 to 10/16/25.</p> <p>On that same date and time, S#1 and the CMA</p> | A 891 | | |

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| A 891 | <p>Continued From page 2</p> <p>observed the following inside the ref unlabeled and undated:</p> <ul style="list-style-type: none"> -five peanut butter half sandwiches wrapped in a saran plastic wrap -four pieces of bread inside a plastic bag -open container of peanut butter <p>In addition, both S#1 and the CMA observed the following inside the freezer unlabeled and undated:</p> <ul style="list-style-type: none"> -two coconut cream pies (one opened) -one cherry pie -one apple pie -three gallon moose track ice cream (opened) <p>During an interview, the CMA stated that she was unsure as to why the temp were not logged accordingly and unable to answer the above concerns.</p> <p>On 10/16/25 at 10:00 AM, S#1 notified the Registered Nurse Supervisor (RNS) of the above findings and concerns. The RNS stated that it was the responsibility of the Kitchen Staff (KS) to ensure that the food were labeled and dated in the ref and freezer. She further stated that it was also the KS's responsibility to ensure temp log was documented twice daily and appropriate temp were maintained for safety.</p> <p>On 10/16/25 at 10:07 AM, S#1 and the Licensed Social Worker (LSW) who was in charge of the Assisted Living (AL) and Memory Care (MC) at that time was notified of the above findings and concerns. At that time, both S#1 and LSW observed the reach in ref temp was 39 degrees and the reach in freezer was nine degrees. The LSW stated that he would get the Kitchen</p> | A 891 | | |

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| A 891 | <p>Continued From page 3</p> <p>Supervisor (KSup) to check the food temp inside the freezer. The LSW also stated that he was unsure what should be the appropriate temp for reach in freezer.</p> <p>On 10/16/25 at 10:20 AM, S#1 notified the KSup of the above findings and concerns with temp logs and monitoring, unlabeled and undated food, and the freezer temp. At that time, the KSup confirmed to S#1 that the five peanut butter sandwiches, bread, and peanut butter container were unlabeled and undated. S#1 observed the KSup threw the peanut butter sandwiches, bread, and peanut butter container in the garbage. The KSup informed S#1 that the food inside the ref should be labeled and dated and should be good for 48 hours.</p> <p>At that same time, the KSup acknowledged the nine degrees temp of the reach in freezer. The KSup stated that the freezer temp should be at zero or less (negative degrees). She further stated that she would get back to S#1 to get a thermometer to check the temp of the food inside the freezer. She also stated that it was "unacceptable" that the reach in ref and freezer logs were not filled out accordingly.</p> <p>On 10/16/25 at 10:54 AM, the Wait Staff (WS) informed S#1 that she was the assigned KS for today in the MC's satellite kitchen and the reason there was no documented temp logs in the reach in ref and freezer when she came in at around 6:10 AM was because she did not have a pen. The WS stated that the temp of the reach in ref at that time was 36 degrees and the freezer was negative nine degrees.</p> <p>On that same date at 10:56 AM, S#1 and Surveyor #2 (S#2) in the presence of KSup</p> | A 891 | | |

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| A 891 | <p>Continued From page 4</p> <p>observed the freezer temp was at nine degrees. The KSup used her thermometer, checked the following food inside the freezer, and revealed:</p> <ul style="list-style-type: none"> -coconut cream pie (opened) temp was 9.1 Fahrenheit (F) degrees. -a three gallon moose track ice cream (opened) temp was 10.2 F degrees and was soft to touch. <p>At that same time, the KSup confirmed that the pies and ice cream inside the freezer were unlabeled and undated. She further stated that it was expected that the freezer food temp should be within zero and negative numbers. She also confirmed that the ice cream was soft to touch. The surveyors observed the KSup discarded the pies and ice cream in the garbage.</p> <p>A review of the facility's "Refrigerated Storage Policy" that was provided by the FSD, with updated date of 10/1/25, revealed that the perishable foods must be stored to ensure optimal food safety and quality... Ref conditions: maintain ref temp at 41 F or below...temp must be documented at least twice daily... Labeling & Rotation: all refrigerated items must be labeled with product name, date (month, day, year) received, used, or first opened... Prohibited storage, do not store the following in dietary ref: medications, employee lunches, food from residents' families or guests, and any non-food items ...</p> <p>A review of the facility's "Cardboard Recycling Policy" that was provided by the FSD, with an updated date of 2/15/25, revealed under policy: that the cardboard recycling area shall be kept clean and free of debris. Procedure: ...</p> | A 891 | | |

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| A 891 | <p>Continued From page 5</p> <p>2. Once pick up is complete dietary/housekeeping needs to thoroughly check the fenced in enclosure for any boxes or debris that fell out and on the ground.</p> <p>3. In addition, a daily check of the area should be done to ensure no cardboard or other debris is on surrounding ground ...</p> <p>A review of the facility's "Environmental Infection Control Policy" that was provided by the Administrative Manager, with a revised date of 8/19/25, revealed the process that included but was not limited to, the facility will make sure the worksite stays clean and sanitary</p> <p>2. On 10/16/25 at 9:40 AM, Surveyor #2 (S#2) and Kitchen Supervisor (KSup) toured the main kitchen.</p> <p>During the tour, S#2 observed the temp logs for the refrigerators and freezer units located in the main kitchen. The temp logs revealed the following blanks or irregularities:</p> <p>Kitchen Undercounter Reach In=10/4/25 and 10/5/25 no PM (afternoon) documentation, 10/14/25 no documentation of AM (morning) and PM, 10/15/25 no documentation PM, for 10/16/25, the 6:00 PM (6 PM) temp was prefilled in as 32 (degrees Fahrenheit).</p> <p>Kitchen Milk Chest=10/1/25 to 10/5/25 no documentation PM, 10/6/25 no documentation AM and PM, 10/9/25 to 10/15/25 no documentation PM.</p> <p>Kitchen Reach-in Refrigerator=10/4/25 to 10/5/25 no documentation PM, 10/14/25 no documentation AM or PM, 10/15/25 no documentation PM. For 10/16/25, the 6 PM</p> | A 891 | | |

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| A 891 | <p>Continued From page 6</p> <p>temperature was prefilled in as 32.</p> <p>Kitchen Reach in 4 Door=10/4/25, 10/5/25 and 10/15/25 no documentation PM, 10/14/25 no documentation AM or PM. For 10/16/25 the 6 PM temperature was prefilled in as 32.</p> <p>On the same date and time, the KSup escorted S#2 on a tour of the pantry/food preparation area for the AL dining area. S#2 observed the ref and freezer units' temp logs. The temp log for the pantry reach in ref log revealed the following blanks: 10/14/25 and 10/15/25 no entries for PM.</p> <p>At that same time, S#2 observed the ice chest/container/scoop sanitation log for September 2025, reflected no entries under "sanitized" or "initials" for the dates 9/25/25 through 9/30/25.</p> <p>On 10/16/25 at 11:19 AM, S#1 notified the Food Service Director (FSD) of the above findings and concerns. The FSD stated that the temp logs should be filled out at least twice a day by the KS. He also stated that the freezer temp should be zero or negative F degrees at all times. The FSD stated that everything in the ref should be labeled, dated, and should be kept within 48 hours. S#1 asked the FSD for copy of the facility's policies with regard to food labeling, dating, and temp, and he said he would get back to S#1.</p> <p>On 10/16/25 at 2:12 PM, the surveyors met with the LSW and the RNS during the exit conference, and there was no additional information provided by the facility management.</p> | A 891 | | |
| A1179 | 8:36-17.1(a) Provision of Services | A1179 | | |

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| A1179 | <p>Continued From page 7</p> <p>(a) The facility shall provide and maintain a sanitary and safe environment for residents.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ188744</p> <p>Based on observation and interview, the facility failed to ensure the facility provided a safe and sanitary environment for residents by failing to maintain 1 of 2 dumpster areas. This had the potential to affect all residents of the facility.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 10/16/25 at 11:30 AM, both the Surveyor and the Kitchen Supervisor (KSup) observed the dumpster area. Dumpster #1 (D#1) area had a significant accumulation of trash, dirt, and food debris around the floor surfaces within the dumpster. There were multiple, papers, plastics, used cups, utensils, cigarette butts, used gloves, used masks, cardboard boxes (folded and unfolded), straws, and food debris (spaghetti with meatballs and bread) that were on the floor. The KSup confirmed the observation and had no response as to why D#1 area was not clean.</p> <p>During an interview, the KSup stated that the garbage pick up was every Monday, Tuesday, and Friday. She further stated that there should be no garbage around D#1. She also stated that staff had access to the area and should have</p> | A1179 | | |

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| A1179 | <p>Continued From page 8</p> <p>utilized the smoke genie in disposing the cigarette butts.</p> <p>At that same time, both the Surveyor and KSup observed Dumpster #2 (D#2), and there were used gloves on the floor. The KSup informed the Surveyor that D#2 was a disposal area for used cardboard. She confirmed that D#2 should be maintained clean at all times.</p> <p>On 10/16/25 at 11:19 AM, the Surveyor notified the Food Service Director (FSD) of the above findings and concerns with regard to D#1 and D#2. The FSD stated that the garbage disposal area should be cleaned, free of debris, and nothing on the floor. He further stated that the cigarette butts should have been disposed properly to prevent hazard and promote safety.</p> <p>A review of the facility's "Garbage Disposal Policy" that was provided by the FSD, dated 10/1/25, revealed that it was the facility's policy that all garbage and refuse be disposed of promptly, safely, and in a sanitary manner to prevent odor, pest attraction, and contamination of food preparation or storage areas ... Outdoor Storage:.. 2. The surrounding area shall be kept free of loose trash, debris, and spillage ... 3. Maintenance or Environmental Services shall inspect the garbage area daily for cleanliness and pest control issues.</p> <p>A review of the facility's "Smoking Policy" that was provided by the Assistant Administrative Manager, with a revised date of 2/5/24, revealed under policy that the facility ensure that residents and staff are in a safe environment ... Procedure: ... 2. In order to respect resident and staff rights the</p> | A1179 | | |

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| A1179 | <p>Continued From page 9</p> <p>facility has designated areas where resident and staff member can smoke or use their e-cigarettes ...</p> <p>4. The staff are allowed to smoke only behind the building where the smoke is genie is located and within 25 feet from the door ...</p> <p>On 10/16/25 at 2:12 PM, the surveyors met with the LSW and the RNS during the exit conference, and there was no additional information provided by the facility management.</p> | A1179 | | |

STATE FORM: REVISIT REPORT

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| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL02007 Y1 | MULTIPLE CONSTRUCTION A. Building B. Wing | DATE OF REVISIT 11/7/2025 Y3 |
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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 A0891 | Correction | ID Prefix A1179 | Correction | ID Prefix | Correction |
| Reg. # 8:36-10.5(a) | Completed | Reg. # 8:36-17.1(a) | Completed | Reg. # | Completed |
| LSC | 10/30/2025 | LSC | 10/30/2025 | 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 |
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| 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 10/16/2025 | | <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 | | |