

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 04/01/2024
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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 Complaint #: NJ00167848 Census: 62 Sample Size: 5</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 749	<p>8:36-7.3(a) Resident Assessments and Care Plans</p> <p>(a) The resident general service plan shall be reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ00167848</p> <p>Based on interview, and record review it was</p>	A 749		

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

TITLE

(X6) DATE

04/23/24

New Jersey Department of Health

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A 749	<p>Continued From page 1</p> <p>determined that the facility failed to ensure that a comprehensive General Service Plan was developed and revised at least semi-annually, and more frequently as needed, to reflect the individual resident needs, behaviors, behavioral interventions, and resident response to the interventions for 2 of 5 residents reviewed, Resident #4 and Resident #5. This deficient practice was evidenced by the following:</p> <p>Surveyor review of Resident #4's medical record (MR), revealed a document titled, "Face Sheet," which indicated a move in date of [redacted], and diagnoses which included [redacted] and [redacted]. The surveyor also reviewed a document titled, "New Jersey Department of Human Services Physician Certification", that contained the additional diagnosis of paranoid delusions.</p> <p>On 4/1/2024 at 10:00 a.m., upon surveyor interview with the facility Executive Director (ED), he stated that there were some ongoing [redacted] with a resident, Resident #4, and some of their [redacted]. The ED stated that he reached out to the Ombudsman multiple times for assistance regarding the [redacted], and the Ombudsman visited the facility on multiple occasions.</p> <p>1. The ED stated that Resident #4 [redacted] with another resident, Resident #5, that [redacted]. The ED stated that when Resident #4 observed Resident #5 speak to some other facility residents, Resident #4 has become [redacted] and [redacted] towards Resident #5, and the other residents.</p> <p>2. According to the ED, there was an incident on [redacted], between Resident #4 and Resident</p>	A 749		
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A 749	<p>Continued From page 2</p> <p>#5, Resident #4 reported to the facility that Resident #5 NJ Ex Order 26.4(b)(1). The facility called the police and reported the allegation of NJ Ex Order 26.4(b)(1). The police came to the facility to investigate, however, there was a staff member that witnessed the event, and a facility camera recording of the event as well. The police reviewed the recording and deemed it as an "NJ Ex Order 26.4(b)(1)". The ED stated that no charges were filed, and neither resident wanted to file a report.</p> <p>3. During interview with the ED, he stated that there was an additional incident that occurred on NJ Ex Order 26.4(b)(1), when Resident #4 NJ Ex Order 26.4(b)(1) Resident #5. The ED further explained that although NJ Ex Order 26.4(b)(1) did not NJ Ex Order 26.4(b)(1) anyone, the facility called 911 for NJ Ex Order 26.4(b)(1), and help for a NJ Ex Order 26.4(b)(1) for Resident #4; however, a hospital admission was not recommended by the NJ Ex Order 26.4(b)(1). The ED stated that the facility continued to provide NJ Ex Order 26.4(b)(1) for Resident #4 to avoid any further NJ Ex Order 26.4(b)(1) as per the "Resident NJ Ex Order 26.4(b)(1) Contract".</p> <p>On 4/1/2024, the surveyor reviewed Resident #5's MR and observed a "Face Sheet" with a move in date of NJ Ex Order 26.4(b)(1), and diagnoses which included NJ Ex Order 26.4(b)(1).</p> <p>The surveyor reviewed a facility document titled, "Resident NJ Ex Order 26.4(b)(1) Contract", dated NJ Ex Order 26.4(b)(1) that revealed a facility agreement between Resident #4 and Resident #5 that was entered after NJ Ex Order 26.4(b)(1) that took place on NJ Ex Order 26.4(b)(1). The document indicated that both parties would agree to the following: "1. I will maintain NJ Ex Order 26.4(b)(1) from each other. 2. I will NJ Ex Order 26.4(b)(1) with</p>	A 749		
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A 749	<p>Continued From page 3</p> <p>each other.</p> <p>3. If I notice the other resident occupying space, I will go elsewhere.</p> <p>4. If I am in a situation where the other resident engages with me, I will seek out a staff member for immediate assistance...."</p> <p>The surveyor observed a document titled, "Resident ^{NJ Ex Order 26.4(b)(1)} Contract," dated ^{NJ Ex Order 26.4(b)(1)}, that was an agreement entered by the facility with Resident #4 secondary to the "previous, ^{NJ Ex Order 26.4(b)(1)}" in the ^{NJ Ex Order 26.4(b)(1)}, with the following residents: Resident #5, Resident #2 and two additional residents not sampled. The agreement further indicated that Resident #4 understood and agreed that if he/she did not abide by the agreement, he/she would be ^{NJ Ex Order 26.4(b)(1)} for the remainder of his/her stay at the facility.</p> <p>Upon continued surveyor interview with the ED, he stated that multiple interventions were tried to assist Resident #4 with behaviors that included ^{NJ Ex Order 26.4(b)(1)}, ^{NJ Ex Order 26.4(b)(1)}, ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26.4(b)(1)} who recommended a ^{NJ Ex Order 26.4(b)(1)}. The ED stated that ^{NJ Ex Order 26.4(b)(1)} were provided three times, however Resident #4 had ^{NJ Ex Order 26.4(b)(1)} about a ^{NJ Ex C} in the room that was ^{NJ Ex Order 26.4(b)(1)} and preferred to stay in the room that he/she was already in.</p> <p>Additionally, the ED further stated that after the incident on ^{NJ Ex Order 26.4(b)(1)}, Resident #5 was ^{NJ Ex Order 26.4(b)(1)} and this information had been kept as private as possible, as Resident #4 had ^{NJ Ex Order 26.4(b)(1)} despite all encouragement and efforts to keep Resident #4</p>	A 749		
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A 749	<p>Continued From page 4</p> <p>apart from Resident #5. The ED continued and stated that activities were planned to [redacted] Resident #4 and Resident #5 from [redacted] and, staff were educated that if they see Resident #4 on the [redacted], to please accompany him/her [redacted].</p> <p>On 4/1/2024, at 2:20 p.m., the surveyor continued to review Resident #4's MR and observed a document titled, "General Service Form" (GSF) dated [redacted], which indicated there were no updates or semi-annual reviews regarding the incidents, behaviors or the [redacted] interventions for Resident #4, in relation to Resident #5.</p> <p>The ED provided an additional facility document titled, [redacted] Statement" dated [redacted], that included general interventions for behaviors. The surveyor did not observe the specific interventions that the facility had put in place for [redacted] to [redacted] with Resident #5, or any further review dates for Resident #4.</p> <p>The surveyor reviewed Resident #5's GSF dated [redacted], which indicated there were no updates or semi-annual reviews regarding the incidents, or interventions put in place with regard to [redacted] with Resident #4. The ED provided the [redacted] Statement" dated [redacted], for Resident #5 that included general interventions. The surveyor did not observe the specific interventions the facility put in place, or any further review dates for Resident #5.</p> <p>On 4/1/2024 at 3:30 p.m., the ED stated that he was unable to provide the General Service Plan forms from the year [redacted].</p>	A 749		
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL02007	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/30/2024
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 A0749	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:36-7.3(a)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	04/30/2024	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 _____	

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 4/1/2024		<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		