

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15W32J	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/21/2023
NAME OF PROVIDER OR SUPPLIER NEW LIFE ADULT MEDICAL DAY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 340 EVELYN STREET PARAMUS, NJ 07652		
(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 Census: 157 Sample Size: 3 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 539	8:43F-10.5(a) Dietary Services The dietary service shall comply with the provisions of N.J.A.C. 8:24. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00157217 Based on observation and interview, it was determined that the facility failed to ensure Kitchen Aides (KA) wore hair restraints during food preparation and service as evidenced by the following:	M 539		

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

TITLE

(X6) DATE

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M 539	Continued From page 1 On 09/21/2023 at 10:51 a.m. and 10:53 a.m., the surveyor observed KA #4 prep plates in the kitchen without a hairnet, and KA #1 served uncovered food to a Participant without a hairnet. At 10:57 a.m., the surveyor then observed KA #2 put soup in bowls for the Participants without a hair net. At 12:18 p.m., the surveyor observed the Administrative Assistant (AA), who also functioned as the Food Service Director, the Social Worker (SW), and a food vendor, enter the kitchen without hairnets. The surveyor then interviewed the SW, KA #4, and the AA to inquire about why they did not wear hairnets while in the kitchen. The SW stated she forgot to apply a hair net and KA #4 stated she did not wear a hair net because it made her sweat. The AA stated only the staff who served food wore hair nets, and only those who assisted with food service were allowed in the kitchen. The surveyor then inquired about why she was in the kitchen without a hair net. The AA stated she went into the kitchen to give the KAs instructions. At 1:23 p.m., the surveyor interviewed KA #1 and KA #3 to inquire about why they did not wear hairnets. KA #1 and KA #3 both stated the facility protocol was to apply a hairnet prior to food service, however, they both stated they forgot. At 4:06 p.m., the surveyor interviewed the AA who confirmed the protocol prior to food service was for KAs to wash their hands, wear gloves, and wear hairnets. The surveyor observed a posting on the kitchen door which showed, "Important please wear gloves and hair nets at all times inside the	M 539		

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M 539	Continued From page 2 kitchen. Thank You." Reference the New Jersey State Sanitary Code N.J.A.C. 8:24-2.4(c)1	M 539		
M 813	8:43F-16.7(a)(1-23) Infection Control, Santation, Housekeeping (a) The following housekeeping, sanitation, and safety conditions shall be met: 1. The facility and its contents shall be free of dirt, debris, and insect and rodent harborages; 2. Nonskid wax shall be used on all waxed floors; 3. All rooms shall be ventilated to help prevent condensation, mold growth, and noxious odors; 4. All participant areas shall be free of noxious odors; 5. Throw rugs or scatter rugs shall not be used in the facility; 6. All furnishings shall be clean and in good repair, and mechanical equipment shall be in working order. Equipment shall be kept covered to protect from contamination and accessible for cleaning and inspection. Broken or worn items shall be repaired, replaced, or removed promptly; 7. All equipment shall have unobstructed space provided for operation;	M 813		

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M 813	Continued From page 3 8. All equipment and materials necessary for cleaning, disinfecting, and sterilizing shall be provided; 9. Thermometers which are accurate to within three degrees Fahrenheit shall be maintained in refrigerators, freezers, and storerooms used for perishable and other items subject to deterioration; 10. Pesticides shall be applied in accordance with N.J.A.C. 7:30; 11. Articles in storage shall be elevated from the floor and away from walls; 12. All poisonous and toxic materials shall be identified, labeled, and stored in a locked cabinet or room that is used for no other purpose; 13. Combustible materials shall not be stored in heater rooms or within 18 feet of any heater located in an open basement; 14. Paints, varnishes, lacquers, thinners, and all other flammable materials shall be stored in closed metal cabinets or containers; 15. Unobstructed aisles shall be provided in storage areas; 16. A program shall be maintained to keep rodents, flies, roaches, and other vermin out of the facility; 17. Toilet tissue, soap dispenser, paper	M 813		

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M 813	Continued From page 4 towels or air dryers, and waste receptacles shall be provided in each bathroom at all times; 18. All solid or liquid waste that is not regulated medical waste, garbage, and trash shall be collected, stored, and disposed of in accordance with the rules of the New Jersey Department of Environmental Protection and the New Jersey Department of Health and Senior Services. Solid waste shall be stored in insect-proof, rodent-proof, and fire-proof, non-absorbent, watertight containers with tight-fitting covers and collected from storage areas regularly, so as to prevent nuisances such as odors. Procedures and schedules shall be established and implemented for the cleaning of storage areas and containers for solid or liquid waste, garbage, and trash, in accordance with N.J.A.C. 8:24; 19. Garbage compactors shall be located on an impervious pad that is graded to a drain. The drain shall be unobstructed and connected to the sanitary sewage disposal system; 20. Plastic bags shall be used for solid waste removal. Bags shall be of sufficient strength to safely contain waste from point of origin to point of disposal and shall be effectively closed prior to disposal; 21. Draperies, upholstery, and other fabrics or decorations shall be fire-resistant and flameproof; 22. Wastebaskets and ashtrays shall be	M 813			

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M 813	Continued From page 5 made of noncombustible materials; 23. Latex foam pillows shall be prohibited. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00157217 Based on observation and interview, it was determined that the facility failed to ensure mechanical equipment was in working order and broken items were repaired, replaced, or removed promptly for 3 out of 8 bathroom stalls in the women's restroom, as evidenced by the following: On 09/21/2023 at 10:41 a.m., the surveyor observed two toilet stalls with "Out of Order" signs posted, and one handicap toilet stall with no door. The surveyor interviewed the Housekeeper, who stated the two toilet stalls with "Out of Order" signs did not have flushing toilets, and the handicap toilet stall has not had a door for a few weeks. At 12:04 p.m., during interview with the Housekeeper, she explained the two toilet stalls with "Out of Order" signs had plumbing issues for months.	M 813		

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M 813	Continued From page 6 At 11:02 a.m. and 11:21 a.m., the surveyor interviewed Participant #3 and an unsampled Participant at the program to inquire about the women's bathroom. Participant #3 stated the handicap toilet stall had been broken for months, and Participants did not have privacy. The unsampled Participant stated some of the toilet stalls were out of order and there was no handicap toilet stall door for two weeks since admission to the program. At 4:06 p.m., the surveyor interviewed the Administrative Assistant (AA) regarding the handicap bathroom toilet stall and the other two bathroom toilet stalls with "Out of Order" signs. The AA explained the handicap toilet stall door fell off two weeks ago after hours. The AA also stated the two other stalls with "Out of Order" signs had toilets that needed repair since Monday [09/18/23], and that the toilet continued to run and overflow. However, the AA was not able to provide the surveyor a work order to show that the bathroom stalls were scheduled for repair.	M 813			

New Life

Adult Medical Day Care Center

11/2/23

We are in receipt of the Statement of Deficiencies from your office. Enclosed please find our facility's Plan of Correction for deficiency 8:43F-10.5(a)– Dietary Services (M539) and 8:43F-16.7(a)(1-23) Infection Control, Sanitation, Housekeeping. Please feel free to contact me if you have any questions with regard to our plan.

During a recent evaluation of our facility, it was discovered that staff members were not consistently wearing hair nets during food preparation and service. This deficiency in food safety and hygiene also extended to other employees who entered the kitchen area without hairnets. In response to this finding, we are implementing a comprehensive plan of correction to address these issues and ensure the highest standards of food safety and resident well-being. This deficiency poses a risk to the high standards of food safety and hygiene that we hold ourselves to.

Immediate Corrective Actions:

In response to this issue, we have taken immediate steps to address **8:43F- 10.5(a) M539**:

- (1) Staff Meeting and Training: The Administrator convened a staff meeting on 9/26/23 to communicate the gravity of the issue and emphasize the critical importance of wearing hair nets during food preparation and service. Staff received a comprehensive review of agency policies and procedures related to sanitation and meal service from the Administrative Assistant. In this meeting, we highlighted the potential risks associated with non-compliance and stressed the value of maintaining our commitment to food safety and hygiene. In addition to the staff meeting, the Administrator initiated a refresher training program to reinforce proper food handling and hygiene practices, with a specific focus on the correct usage of hair nets. This refresher training meeting program was also held on 9/26/23. All of those that were non-compliant on the date of the survey were provided with one-to-one training on 9/26/23, by the Administrator, regarding food safety guidelines, importance of hair net (hair restraint) usage, and reporting guidelines for when the action is not carried out by individuals that put clients at risk.
- (2) All of the clients had the ability to be affected by the deficient practice.
- (3) For residents who may have been affected by this deficient practice. We asked the Nursing department to assess and address any potential health and well-being concerns on 9/25/23. If any residents identified as potentially affected, they would receive the following care: Comprehensive health assessments to identify and address any foodborne illness or

contamination risks and prompt medical evaluation and care for any adverse health effects. After a full review of the facility on 9/25/23, no clients communicated any wellness related issues on the date of the respective audit.

To prevent a recurrence of the issue, we are taking several proactive measures. We have increased the availability of hair nets in designated areas to ensure they are readily accessible to all staff members as of 9/27/23. To ensure long-term compliance and to prevent similar incidents in the future, we are implementing scheduled in-services. Upon hire of a new employee, during orientation and annually thereafter, the Administrator will conduct in-service sessions focused on hygiene and safety practices. These sessions will serve as regular reminders and reinforcement of the importance of wearing hair nets. To monitor and enforce compliance, we are conducting unannounced spot checks, ensuring that staff consistently wear hair nets during food preparation. The Food Services Director will conduct the unannounced spot checks weekly beginning 9/29/23, for a period of three months and quarterly thereafter. Additionally, the Food Services director will communicate the respective standards with all non-staff members and vendors entering the kitchen area. Kitchen Aides will be responsible for checking daily at both entry points (indoor and outdoor entry), consistent with the policy set forth by the Administrator. Unannounced spot checks on the outside vendors will also be conducted weekly beginning 9/29/23 for a period of three months and quarterly thereafter, by the Food Services Director. Staff members who do not comply with facility's established procedures will be subject to disciplinary action and retrained. The Administrator will establish a feedback mechanism for staff to report any issues related to hair net availability, functionality, or usage by 9/29/23. The Administrator will be keeping records of spot checks and audits for compliance with hairnet usage.

- (4) To minimize the likelihood of recurrences and to maintain a culture of food safety and hygiene, we are introducing comprehensive quality assurance protocols. The Administrator will conduct regular reviews, on a quarterly basis, of the corrective action plan to ensure its continued effectiveness. Any necessary adjustments will be made to address emerging challenges. The Administrator will maintain detailed records of all training sessions, corrective actions, and compliance monitoring. Additionally, the Administrator will stay informed of the progress of the corrective action plan and any emerging trends related to hair net usage. Any incidents of non-compliance will be documented and investigated thoroughly to identify root causes and take corrective actions. The Administrator will maintain records of any / all quality control issues on an ongoing basis.

By implementing this comprehensive plan of correction, we are committed to ensuring that staff members consistently wear hair nets, thereby upholding the highest standards of food safety and hygiene. This plan emphasizes continuous training, monitoring, and a commitment to improvement to prevent future occurrences of non-compliance and maintain our dedication to food safety. As of the date of this letter, all issues have been rectified and we will continue to monitor on an ongoing basis.

accepted eb 11/14/23

During a recent evaluation of our healthcare facility, we were identified as being in violation of guideline **8:83F-16.7 (a) 1-23 M813**. The specific issues that raised concern were the absence of a bathroom door

and two toilets that were not functioning properly. Importantly, this violation was identified prior to the surveyor's official entry into the facility.

It's essential to note that we had proactively taken steps to rectify these issues. The Administrative Assistant had contacted a third party repairs and maintenance company to help resolve the situation. The necessary parts for repairs had been ordered by a third party repairs and maintenance company over a month in advance, but we encountered significant delays in the final repair due to receiving incorrect parts on two separate occasions. These deficiencies not only presented an inconvenience but also risked the overall comfort and well-being of our clients.

Immediate Corrective Actions:

In response to these issues, we took immediate steps to address the situation:

- (1) Bathroom Door Replacement and Functional Toilet Issues: The third party repairs and maintenance company, who originally ordered the parts, finally received the correct parts on 9/22/23 and promptly restored the bathroom door on 9/23/23, just two days after the surveyors visit. On the same date, the two remaining toilets which were not functioning properly were rectified by a plumber. This action aimed to ensure privacy and comfort for our clients. All of the issues identified were swiftly resolved by 9/23/23 and the toilets are now functioning as intended.
- (2) All participants entering the women's bathroom had the potential to be affected by the deficient practice.
- (3) A staff meeting was held on 9/26/23 to ensure all coordinators and employees are aware of recent facility repairs and how to address future repair issues. Activity Coordinators will establish open channels of communication on a weekly basis with clients directly to facilitate communication of concerns. The Activity Coordinators established a communication channel through interviews with clients on 9/27/23. This channel allowed us to identify any other potential issues in the clients' experiences that could be brought to our attention. Additionally, we used this interaction as a means to provide alternate solutions should we find ourselves in a situation where repairs were pending.

Feedback will be provided to the Administrative Assistant to facilitate a timely response to any potential issues that may arise in the future. This proactive, culturally sensitive communication strategy aims to foster trust, inclusivity, and efficient problem-solving within the diverse community.

To prevent the recurrence of the deficient practice in the future, we instituted the following measures. The bathroom maintenance program includes routine checks of structure integrity, flush mechanisms, water supply lines, and valves to ensure proper functioning. The Administrative Assistant will conduct the bathroom maintenance checks on a weekly basis beginning on 9/29/23. The Administrator will maintain the logs of the respective checks. The Administrator will also maintain comprehensive maintenance logs to track repairs and

replacements, with clear documentation of all work performed. If items are pending, the Administrator will make sure the onsite designee is in receipt of invoices with the pending repairs. To ensure a proactive approach to facility management, the Administrator initiated an in-service for staff training on 9/27/23 on how to report restroom maintenance issues promptly and carry out new facility procedures related to checks. The Administrator will conduct random monthly audits for three months and quarterly thereafter, to ensure the correction of deficient practice.

- (4) Regular Reviews: The Administrator will conduct regular reviews of the corrective action plan, on a quarterly basis, to ensure its continued effectiveness. We established a reporting system for staff to notify supervisors of any issues related to facility maintenance. The Administrator will conduct quality assurance reviews, on a semi-annual basis, that encompass all aspects of maintenance and compliance, including the specific issue at question. These reviews will be conducted by an appointed internal quality assurance team. We remain open to adjustments and improvements. All corrective actions, maintenance, and inspections will be meticulously documented and maintained by the Administrator.

This narrative plan underscores our commitment to address these deficiencies, ensuring the comfort and well-being of our residents while taking measures to prevent the recurrence of similar issues in the future. We are dedicated to upholding the highest standards in our healthcare facility, and our ongoing monitoring and improvement will be pivotal in achieving this. As of the date of this letter, all issues have been rectified and we will monitor on an ongoing basis.

Accepted SB
11/14/23

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER I5W32J	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/21/2023
NAME OF FACILITY NEW LIFE ADULT MEDICAL DAY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 340 EVELYN STREET PARAMUS, NJ 07652	

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 M0539	Correction	ID Prefix M0813	Correction	ID Prefix	Correction
Reg. # 8:43F-10.5(a)	Completed	Reg. # 8:43F-16.7(a)(1-23)	Completed	Reg. #	Completed
LSC	11/14/2023	LSC	11/14/2023	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 9/21/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
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