



State of New Jersey  
DEPARTMENT OF HEALTH

PHILIP D. MURPHY  
Governor

TAHESHA L. WAY  
Lt. Governor

PO BOX 358  
TRENTON, N.J. 08625-0358

[www.nj.gov/health](http://www.nj.gov/health)

KAITLAN BASTON, MD, MSc, DFASAM  
Commissioner

In Re Licensure Violation:

2<sup>nd</sup> Home Union City, LLC

(NJ Facility ID# NJ408111)

NOTICE OF ASSESSMENT  
OF PENALTIES

TO: Veronica Lopez, Administrator  
2<sup>nd</sup> Home Union City, LLC  
3610 Palisades Avenue  
Union City, New Jersey 07087

The Health Care Facilities Planning Act (N.J.S.A. 26:2H-1 et seq.) (the Act) provides a statutory scheme designed to ensure that all health care facilities are of the highest quality. Pursuant to the Act and N.J.A.C. 8:43E-1.1 et seq., General Licensure Procedures and Standards Applicable to All Licensed Facilities, the Commissioner of Health (the "Department") is authorized to inspect all health care facilities and to enforce the Standards for Licensure of Adult Day Health Services Facilities set forth at N.J.A.C. 8:43F-1.1 et seq.

**LICENSURE VIOLATIONS & MONETARY PENALTIES**

Staff from the Department's Health Facility, Survey and Field Operations (hereinafter "Survey") visited 2<sup>nd</sup> Home Union City, LLC (hereinafter "2<sup>nd</sup> Home") on October 26, 2023, for the purpose of conducting a complaint survey. The report of this visit, which is incorporated herein by reference, revealed the following licensure violations:

The facility is in violation of N.J.A.C. 8:43F-3.1(b)(1-7). The facility administrator failed to ensure the implementation and enforcement of all policies and procedures, including "Security and Accountability During Transportation," "Use of Wander Guard [Wanderguard]," "Patient Elopement," and "Reportable Events."

The facility's administrator failed to follow the policies and procedures that require all participants to be escorted off the bus by a program aide or employee of the medical center, and for Wanderguards to be applied to the participants. In addition, the facility's administrator failed to follow the "Patient Elopement" policy which indicated that, in the event of an unexpected occurrence involving the elopement of a patient, the building will be searched, staff will be dispatched to search for the patient outside of the facility, local police will be notified, patient family/care provider will be informed, and the reportable event procedure is followed. The facility administrator also failed to follow the "Reportable Events" policy which required the facility to notify the Department immediately of the elopement.

Based on interviews and record reviews, survey staff determined that on October 20, 2023, the facility failed to check Participant #2 in attendance to the program and failed to place a Wander Vest and a Wanderguard on the participant. Participant #2 was reported missing by their spouse, who tried to contact the facility on October 20, 2023. The facility did not respond to the call, so the family notified the police. The surveyor reviewed a police report, which revealed that, on October 20, 2023, the officer contacted the facility office, and no one answered. The officer contacted the participant's health care worker, who stated that she walked Participant #2 to the bus and watched the participant and another participant board the bus. When the officer contacted the administrator of the program, the administrator advised the officer that the staff did not observe Participant #2 at the program on that day. The officer contacted the driver who picked up the participant, who stated that on October 20, 2023, he picked up Participant #2 at 11:35 a.m., walked the participant to the rear of the facility, and handed off the participant to a nurse. The surveyor interviewed the LPN, who stated that the driver did not hand off the participant to her, and Participant #2 was not present at the program. The surveyor further reviewed the police report, which indicated that on October 22, 2023, an officer from Union City Police Department called another local police department to inquire if the missing participant had been seen. According to the report on October 20, 2023, the Guttenberg Police Department requested EMS mutual aid for a "male down" who possibly suffered from dementia. Participant #2 was transported to the local hospital, where the officer went to confirm the identity of the participant. The participant traveled approximately 2.2 miles away from the program (approximately a 48-minute walk) to a park along the Hudson River.

On October 27, 2023, the surveyor interviewed the participant's daughter, who stated that October 20, 2023, was the second time Participant #2 had eloped from the program. The surveyor interviewed the administrator, who confirmed that the participant had eloped on two different occasions. The first elopement occurred early in the year; however, she could not recall the date of the elopement. The administrator stated Participant #2 was a visitor who eloped from the program on the second day of their visit through the back door, which was unlocked. The administrator stated that the incident was reported to the local police department, and that Participant #2 was found within one hour, and was unharmed. The administrator stated that the elopement was not reported to the Department. The police report revealed that the first elopement occurred on March 9, 2023, at 3:38 p.m., and that the participant was found and returned home three hours and twenty-nine minutes after eloping from the program.

During the survey, the surveyor observed a driver bring Participant #1 to a CNA in the rear of the facility, and saw the CNA apply a Wander Vest to the participant. However, the CNA did not apply a Wanderguard to Participant #1 before Participant #1 entered the program.

In accordance with N.J.A.C. 8:43E-3.4(a)(10), because the violations of N.J.A.C. 8:43F-3.1(b)(1-7) and N.J.A.C. 8:43F-17.2 pose an immediate and serious risk of harm to participants, \$2,500 per violation is assessed from October 20, 2023, the day a resident eloped from the facility, until January 18, 2024, the day an acceptable POC was received and implemented. Thus, the total penalty assessed for this violation is \$227,500.

The facility is in violation of N.J.A.C. 8:43E-10.6(a)(2), which requires adult day health care facilities and other facilities provide home-based services, that is, home health care facilities, hospice facilities, assisted living residences, comprehensive personal care home, and assisted living program, shall report only those serious preventable adverse events that are within the control of the facility or directly caused by, or related to, services of the facility. Survey determined that the facility failed to notify the Department of an elopement from the program which occurred on March 9, 2023. The surveyor interviewed the administrator, who confirmed Participant #2 eloped from the facility on their second day at the program. The participant eloped through a back door which was unlocked. The administrator stated that the incident was reported to the local police, who found Participant #2 one hour later, unharmed. The surveyor received and reviewed the police report, which revealed that Participant #2 eloped on March 9, 2023, at 3:38 p.m. In addition, the report revealed that a staff member at the facility reported that the participant walked out 20 minutes before the police officer's arrival, at 6:47 p.m. Participant #2 was found in "good health," and returned home, three hours and 29 minutes after eloping.

In accordance with N.J.A.C. 8:43E-3.4(a)(14), and because these are violations of licensure regulations related to a failure of an entity to submit a serious preventable adverse event report to the Department in a timely fashion, a penalty of \$250 per day may be assessed for each day noncompliance is found. However, because the violation is not deemed to be an immediate and serious threat, the Department at its discretion may decrease the penalty assessed based on the number, frequency, and/or severity of violations by the facility in accordance with N.J.A.C. 8:43E-3.4(b). Therefore, a penalty of \$100.00 per day for 212 days is assessed from March 9, 2023, the date the program failed to report Participant #2's first elopement from the program on March 9, 2023, until October 27, 2023, the date the participant's daughter notified Survey that the participant eloped from the program before. Thus, the penalty assessed for this violation is \$21,200.

2<sup>nd</sup> Home is hereby assessed penalties amounting to \$248,700.

The total amount of this penalty is required to be paid within 30 days of receipt of this letter by certified check or money order made payable to the "Treasurer of the State of New Jersey" and forwarded to Office of Program Compliance, New Jersey Department of Health, P.O. Box 358, Trenton, New Jersey 08625-0358, Attention: Lisa King. **On all future correspondence related to this Notice, please refer to Control X24021.**

#### **INFORMAL DISPUTE RESOLUTION (IDR)**

N.J.A.C. 8:43E-2.3 provides facilities the option to challenge factual survey findings by requesting Informal Dispute Resolution with Department representatives. Facilities wishing to challenge only the assessment of penalties are not entitled to IDR review, but such facilities may request a formal hearing at the Office of Administrative Law as set forth herein below. Please note that the facility's rights to IDR and administrative hearings are not mutually exclusive and both may be invoked simultaneously. IDR requests must be made in writing within ten (10) business days from receipt of this letter and must state whether the facility opts for a telephone conference or review of facility documentation only. The request must include an original and ten (10) copies of the following:

1. The written survey findings;
2. A list of each specific deficiency the facility is contesting;
3. A specific explanation of why each contested deficiency should be removed; and
4. Any relevant supporting documentation.

Any supporting documentation or other papers submitted later than 10 business days prior to the scheduled IDR may not be considered at the discretion of the IDR panel. Send the above-referenced information to:

Nadine Jackman, Office of Program Compliance  
New Jersey Department of Health  
P.O. Box 358  
Trenton, New Jersey 08625-0358

The IDR review will be conducted by professional Department staff who do not participate in the survey process. Requesting IDR does not delay the imposition of any enforcement remedies.

#### **FORMAL HEARING:**

2<sup>nd</sup> Home is entitled to challenge the assessment of penalties pursuant to N.J.S.A. 26:2H-13, by requesting a formal hearing at the Office of Administrative Law (OAL). The facility may request a hearing to challenge any or all of the following: the factual survey findings and/or the assessed penalties. 2<sup>nd</sup> Home must advise this Department within 30 days of the date of this letter if it requests an OAL hearing.

Please forward your OAL hearing request to:

Attention: OAL Hearing Requests  
Office of Legal and Regulatory Compliance, New Jersey Department of Health  
P.O. Box 360  
Trenton, New Jersey 08625-0360

Corporations are not permitted to represent themselves in OAL proceedings. Therefore, if 2<sup>nd</sup> Home is owned by a corporation, representation by counsel is required.

In the event of an OAL hearing regarding the curtailment, 2<sup>nd</sup> Home is further required to submit a written response to each, and every charge as specified in this notice, which shall accompany its written request for a hearing.

Failure to submit a written request for a hearing within 30 days from the date of this notice will render this a final agency decision. The final agency order shall thereafter have the same effect as a judgment of the court. The Department also reserves the right to pursue all other remedies available by law.

Finally, be advised that Department staff will monitor compliance with this notice to determine whether corrective measures are implemented by 2<sup>nd</sup> Home in a timely fashion. Failure to comply with these and any other applicable requirements, as set forth in pertinent rules and regulations, may result in the imposition of additional penalties.

Thank you for your attention to this important matter and for your anticipated cooperation. Should you have any questions concerning this notice, please contact Lisa King, Office of Program Compliance at [Lisa.King@doh.nj.gov](mailto:Lisa.King@doh.nj.gov).

Sincerely,



Lisa King, Program Manager  
Office of Program Compliance  
Division of Certificate of Need and Licensing

GR:LK:jc:nj  
DATE: August 21, 2024  
E-MAIL: [Ines@2ndhome.org](mailto:Ines@2ndhome.org)  
REGULAR AND CERTIFIED MAIL, RETURN RECEIPT REQUESTED  
Control# X24021