New Jersey Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
			A. BOILDING.		С			
		081170	B. WING		08/15/2024			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE				
4 OTIVE D	410 WHITEHEAD ROAD							
ACTIVE D	AY OF HAMILTON	HAMILTO	ON, NJ 08619					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE			
M 000	Initial Comments		M 000					
	Type of Survey: Com	plaint						
	Complaint #: NJ 001	73955						
	Census: 50							
	Sample Size: 4							
	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 223	8:43F-3.1(b)(1-7) Adr	ninistration	M 223					
	(b) The administrator not limited to, the follo	shall be responsible for, but owing:						
	and	evelopment, enforcement of all policies iding participant rights;						
	2. Planning and a managerial, operation components of the facility;	administering the nal, fiscal, and reporting						
	3. Participating ir program for participar performance;	n the quality improvement nt care and staff						

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

TITLE (X6) DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7 11 20122 11 101 _		С	
		081170	B. WING		1	5/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ACTIVE D	AY OF HAMILTON		HEAD ROAD			
	OLIMAN DV OT	HAMILTON	1	PROVIDENIA DI ANI OF GORDECTION		
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M 223	Continued From page	2 1	M 223			
	duties based upon the competencies, and 5. Ensuring the p	all personnel are assigned eir education, training, and job descriptions; erovision of staff orientation,				
		ongoing staff training in N.J.A.C. 8:43F-6.3;				
	•	nd maintaining liaison nmunication between facility				
and services providers and with and their caregivers; and						
	7. Verifying that each Medicaid-eligible participant is eligible to receive services available at the adult day health services facility prior to the participant's entry into the program. For the purposes of this section, the administrator shall be entitled to rely on any prior authorization performed by the Department for the participant in accordance with N.J.A.C. 8:86.					
	This REQUIREMENT by: Complaint # NJ 0017	is not met as evidenced				
	facility policy and proc that the facility Admin	ecord review, and review of cedure it was determined istrator failed to develop a				

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND LEAN OF CONNECTION		IDENTIFICATION NOMBER.	A. BUILDING:			
		081170	B. WING		08/1	5/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ACTIVE D	AY OF HAMILTON	410 WHITE HAMILTON	HEAD ROAD , NJ 08619			
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M 223	1 of 3 participants, Pathe following: On 8/15/24 at 11:30 at the medical record (Morevealed the participants) program in NJ Exec Order 26. According to the "Pro 1:59 p.m., the Social that a staff member and when the SW ask NJ Exec Order 26.4b The SW documented on NJ Exec Order 26.4b The SW stated that the program at Participant # stated that the program The SW stated that the immediately NJ Exec Order 26.4b The SW stated that the program The SW stated that the immediately NJ Exec Order 26.4b The SW stated that the immediately NJ Exec Order 26.4b The SW stated that the immediately NJ Exec Order 26.4b The SW stated that the program The SW stated that the immediately NJ Exec Order 26.4b The SW stated that the immediately NJ Exec Order 26.4b The SW stated that the immediately NJ Exec Order 26.4b The SW stated that the immediately NJ Exec Order 26.4b The SW stated that the immediately NJ Exec Order 26.4b The SW stated that the immediately NJ Exec Order 26.4b The SW stated that the immediately NJ Exec Order 26.4b The SW stated that the immediately NJ Exec Order 26.4b The SW stated that the immediately NJ Exec Order 26.4b The SW stated that the immediately NJ Exec Order 26.4b The SW stated that the immediately NJ Exec Order 26.4b The SW stated that the immediately NJ Exec Order 26.4b The SW stated that the immediately NJ Exec Order 26.4b The SW stated that the immediately NJ Exec Order 26.4b The SW stated that the immediately NJ Exec Order 26.4b The SW stated that the immediately NJ Exec Order 26.4b The SW stated that the immediately NJ Exec Order 26.4b The SW stated that the immediately NJ Exec Order 26.4b The SW stated that the immediately NJ Exec Order 26.4b The SW stated that the immediately	ing an incident of articipant #2 as evidenced by a.m., the surveyor reviewed MR) of Participant #2 that ant was admitted to the with diagnoses of 3.4b1 gress Notes" dated at the participant with diagnoses of 3.4b1 gress Notes" dated at the participant with the staff member to 1, the staff member to 1, the staff member was that the staff member was ew of the MR, revealed that strator was made aware of an investigation and completed. The SW also are at 10:35 a.m., that the eported to the Department of the corder 26.4b1 ared on the staff member was at 10:35 a.m., that the eported to the Department of the sweet of the SW in the corder 26.4b1 ared on the staff member was at 10:35 a.m., that the eported to the Department of the sweet of the swe	M 223			
	Administrator regarding					

New Jersey Department of Health

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		410 WHI	DDRESS, CITY, STATE TEHEAD ROAD ON N.L. 08619	TE, ZIP CODE		
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M 223	F PROVIDER OR SUPPLIER E DAY OF HAMILTON SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		M 223			





September 12, 2024,2024

Ex Order 26.4(b)(1) Administrato

NJ Exec Order 26.4b1

M223-Projected Date of Completion: September 3, 2024

- How the corrective action will be corrected for those participants found to have been affected by the deficient practice.
 - 1a) All staff will be in serviced on Abuse, Neglect and Exploitation of Members Policy annually. Participant #2 that was involved in this incident still attends the center regularly. Staff employee involved in incident was terminated All staff were re-educated on facilities Abuse, Neglect and Exploitation policy on August 20, 2024, and employee inservices will be conducted annually and upon hire and ongoing.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
 - 2a) All members had the potential to be affected.
- What measures will be put into place or systematic changes made to ensure that deficient practice will not occur.
 - 3a) the Administrator will continue to have in service and training with all staff to review facility's Abuse, Neglect and Exploitation policy and procedure annually for new staff upon hire during training and orientation, and as needed following any Abuse, Neglect and Exploitation policy and procedure was not followed. Facility Abuse, Neglect and Exploitation policy was updated August 20, 2024, and staff oriented. This practice will be

410 Whitehead Road, Hamilton, NJ 08619 Phone: 609.883.0200 Fax: 609.890.1974 Web: www.ActiveDay.com

National distribution in the contract of the c



conducted upon hiring employees and employees will be in-serviced on going annually.

- 3b) The staff or designee will notify the Administrator of any Abuse, Neglect or Exploitation that takes place at the facility. The Administrator will review progress notes following all Abuse, Neglect or Exploitation to ensure all necessary criteria is recorded.
- 4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systematic changes.
 - 4a) All applicable center staff will be required to participate in training or inservices regarding the types of abuse, identification and reporting of abuse, and the facility's policy and procedures regarding the reporting of abuse, neglect and exploitation of members annually, upon hire and as needed and/or deemed necessary after an incident or report of abuse, neglect and/or exploitation of members. Administrator or designee will monitor and ensure that in-services will be done annually and upon hire of new employee hire based on facility policy.

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New Jersey Department of Health

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081170			B. WING	R-C 08/15/2024					
NAME OF PRO	OVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	E, ZIP CODE					
ACTIVE DA	ACTIVE DAY OF HAMILTON 410 WHITEHEAD ROAD								
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{M 000}	Initial Comments		{M 000}						
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

08/29/24

				STATE	FORM: RE	VISIT REPORT				
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONST IDENTIFICATION NUMBER A. Building				STRUCTION					DATE OF	REVISIT
081170 _{Y1} B. Wing							Y2	8/15/202	24 _{Y3}	
NAME OF FACILITY ACTIVE DAY OF HAMILTON				STREET ADDRESS, CIT 410 WHITEHEAD ROAD HAMILTON, NJ 08619	· · · · · ·	E				
corrective	e action was acco	omplished	d. Each deficien	cy should be fully	identified usi	y reported that have bee ing either the regulation es shown to the left of e	or LSC provision	number and	the	
ITE	M		DATE	ITEM		DATE	ITEM			DATE
Y4			Y5	Y4		Y5	Y4			Y5
ID Prefix	M0223		Correction	ID Prefix		Correction	ID Prefix			Correction
Reg. #	8:43F-3.1(b)(1-7)		Completed	Reg. #		Completed	Reg.#			Completed
LSC			09/03/2024	LSC			LSC			
ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction
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REVIEWED BY STATE AGENCY		DATE	SIGNATU	RE OF SURVEYOR			DATE			
REVIEWE CMS RO	D BY	REVIEW (INITIAL		DATE	TITLE				DATE	
FOLLOWUP TO SURVEY COMPLETED ON 8/15/2024					RRECTED DEFICIENCIES ENCIES (CMS-2567) SEN			☐ YES		

Page 1 of 1

EVENT ID:

O0CF12

(11/06)