

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 158100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/27/2022
NAME OF PROVIDER OR SUPPLIER ACTIVE DAY OF MARLTON		STREET ADDRESS, CITY, STATE, ZIP CODE 556A LIPPINCOTT DRIVE MARLTON, NJ 08053		
(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 Complaint #: NJ 00154291, NJ 00154025 Census: 42 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 000		
M 371	8:43F-5.3(d) Participant Assessment and Plan of Care Each physician, advanced practice nurse or physician assistant order shall be executed by the nursing, dietary, social work, activities, rehabilitation or pharmacy service, as appropriate in accordance with professional standards of practice. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00154291 Based on interview and record review it was determined that the facility failed to execute a physician's diet order for a therapeutic diet for 1	M 371		

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

TITLE

(X6) DATE

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M 371	<p>Continued From page 1</p> <p>of 4 participants, Participant #3. This deficient practice was evidenced by the following:</p> <p>On 4/27/22 at 10:25 a.m., the surveyor reviewed Participant #3's medical record which identified that the Participant was admitted to the program in [REDACTED] with diagnoses which included [REDACTED]. According to the Comprehensive Nursing Assessment dated [REDACTED] and completed by a Registered Nurse (RN), the Participant was [REDACTED] and had [REDACTED]. In addition, the RN documented that the Participant had difficulty with swallowing and received a [REDACTED]. Further review of the medical record the surveyor observed a "...Medical Form for Adults" dated [REDACTED] which was completed by a Physician and indicated that the participant was on a [REDACTED] diet.</p> <p>On 4/27/22 at 9:45 a.m., the surveyor interviewed the Administrator and requested the list of participants attending excursion trips for the month of [REDACTED]. Review of the participants excursion list dated [REDACTED] identified and confirmed that Participant #3 was on the excursion list as a participant on such trips.</p> <p>At 10:50 a.m., the surveyor interviewed a Program Assistant (PA) regarding the Participant's attendance on an excursion trip on 4/14/22. The PA stated that she was assigned to Participant #3 and that during the trip Participant #3 purchased a [REDACTED] from a store. The PA stated that she told Participant #3 that he/she was a [REDACTED] and was not allowed to have [REDACTED]. The PA stated that the Participant insisted and purchased a [REDACTED] sandwich</p>	M 371		

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M 371	<p>Continued From page 2</p> <p>which the Participant consumed for lunch back at the facility. The PA stated that she was not aware that Participant #3 was on a [REDACTED] and told the surveyor that the [REDACTED] had not been cut up for the Participant.</p> <p>During the interview, the surveyor asked the PA if she had been informed of Participant #3's diet order. The PA told the surveyor that a nurse was always present during meals to ensure that the proper diet was given to the participants. She added that there was a dietary list of the participants posted in the kitchen area. The Surveyor observed the "... Dietary Restriction" list posted in the kitchen area provided by a program assistant which failed to identify Participant #3 on the list despite the Participant having a physician's order for a [REDACTED] diet due to [REDACTED]</p> <p>At 11 a.m. and 11:15 a.m., the surveyor interviewed a Licensed Practical Nurse (LPN) and a Registered Nurse (RN). The LPN stated that she accompanied the participants on the excursion trip on [REDACTED] and confirmed that Participant #3 purchased a [REDACTED] sandwich which the Participant consumed for lunch back at the facility. The LPN stated that she was not aware that the Participant was on a special [REDACTED] diet. She explained to the surveyor that the Participant was [REDACTED] and was only monitored for [REDACTED] intake.</p> <p>The RN told the surveyor that she worked part-time and was not present at the facility on 4/14/22. However, she stated that Participant #3 was a diabetic and was on a regular low carbohydrate diet. The RN stated that she was not aware that the Participant was on a special chopped diet for a diagnosis of dysphagia. The</p>	M 371			

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M 371	<p>Continued From page 3</p> <p>RN added that the [REDACTED] sandwich should have been cut up for the Participant.</p> <p>At 12:10 p.m., the surveyor interviewed the Administrator regarding Participant #3. She stated that the Participant's last attendance date had been [REDACTED] and that Participant #3 had not returned to the day care center. The Administrator stated that she had received a telephone call from the group home that the Participant had been admitted to the hospital but was not given a reason. The surveyor then asked the Administrator if she was aware that the Participant had purchased a [REDACTED] sandwich during the trip which the Participant later consumed at the facility for lunch. The Administrator stated that she was not aware that the Participant had purchased the [REDACTED] sandwich.</p> <p>The Administrator stated that she was informed by the staff that the Participant wanted a [REDACTED] sandwich but was not allowed to purchase the sandwich. She explained that the Participant was a [REDACTED] and was on a regular, [REDACTED] diet. The surveyor then informed the Administrator that according to the physician order, the participant was on a [REDACTED] diet because of [REDACTED]. The Administrator stated that she was not aware that Participant #3 was on a [REDACTED] diet and stated that the [REDACTED] sandwich should have been chopped for the Participant's consumption.</p> <p>On 4/28/22 at 1:05 p.m., the surveyor interviewed the center's Director of Nursing (DON) via telephone and she stated that she was not at the day care center on [REDACTED] but was informed by staff that Participant #3 purchased and consumed</p>	M 371		

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M 371	<p>Continued From page 4</p> <p>a [REDACTED] sandwich for lunch. In addition, she confirmed that the Participant was on a [REDACTED] diet and was monitored during meals. The DON stated that the [REDACTED] sandwich should have been cut up for the participant.</p> <p>Further, the DON explained that the [REDACTED] list was updated by activity staff. No information was provided to the Surveyor to explain Resident #3's omission from the list given the need for a [REDACTED] diet due to [REDACTED]</p> <p>On 4/14/22, the facility failed to execute a Physician's order for a [REDACTED] diet by allowing Participant #3, who was identified to have [REDACTED], to consume a [REDACTED] sandwich for lunch in the wrong consistency and without proper supervision.</p>	M 371		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 158100	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/26/2022
NAME OF FACILITY ACTIVE DAY OF MARLTON	STREET ADDRESS, CITY, STATE, ZIP CODE 556A LIPPINCOTT DRIVE MARLTON, NJ 08053	

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 M0371	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:43F-5.3(d)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	05/16/2022	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	
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 4/27/2022		<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			

Active Day of Marlton (158100)

Completion Date: 5/16/2022

1. How the corrective action will be accomplished for the resident found to have been affected by deficient practice:

The Administrator is responsible for ensuring that any incidents involving all members are appropriately documented. All special instructions for Participant #3 and all other members will be monitored by the Administrator and Nurse Manager. All staff members will be made aware of special diets and or special instructions for safety of member. Staff will acknowledge understanding of importance of knowing special diets and where to find that Information..

2. How the facility will identify other residents having the potential to be affected by the same deficient practice.

- The Administrator/nursing staff/designee will monitor all MPOC to ensure accuracy of special diets. Nursing staff and Activities coordinator make sure staff is providing proper diets to all members.

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not occur.

- The Nurse Manager or other designee of the Administrator will follow diets according to MPOC. There will be list of diet needs for members on inside of upper cabinet door. Also
- have in-service on special diets to all responsible parties.

4. How the facility will monitor its corrective actions to ensure that 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 systemic changes.

- During the quarterly quality assurance reviews, the Nurse manager , Social service and Activity coordinator will pay special attention to diets and Administrator will monitor month on a monthly basis.

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