

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 080670	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/08/2024
NAME OF PROVIDER OR SUPPLIER ACTIVE DAY OF VINELAND		STREET ADDRESS, CITY, STATE, ZIP CODE 2695 SOUTH LINCOLN AVENUE VINELAND, NJ 08361		
(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: 57 Sample Size: 4 Complaint #: NJ00133086 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 837	8:43F-18.3(a)(b) Quality Improvement (a) To insure quality personal care, facility staff shall make daily checks to assure that participants are maintaining personal hygiene, receiving medications as prescribed (which includes assuring the renewal of prescriptions as necessary and the disposition of outdated or discontinued medications), and participating in appropriate social and recreational activities. (b) Personal care services shall include education in assistance with activities of daily living and supervision of personal hygiene.	M 837		

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

TITLE

(X6) DATE

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M 837	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00133086</p> <p>Based on observation, interview, and pertinent document review, it was determined that the facility failed to ensure quality personal care for 1 of 4 participants reviewed, Participant #4. This deficient practice was evidenced by the following:</p> <p>On 01/08/24 the surveyor reviewed the medical record (MR) of Participant #4 which revealed the participant was admitted to the program on NJ Ex Order 26.4b1 with diagnoses of NJ Ex Order 26.4b1</p> <p>NJ Ex Order 26.4b1</p> <p>The surveyor also reviewed Participant #4's "Individual Plan of Care," which indicated Participant #4 NJ Ex Order 26.4b1</p> <p>At 1:42 p.m., the surveyor observed as the Certified Nursing Assistant (CNA) and Program Aide (PA) provided NJ Ex Order 26.4b1 care for Participant #4 NJ Ex Order 26.4b1</p> <p>The surveyor observed Participant #4 NJ Ex Order 26.4b1</p> <p>The surveyor inquired about why Participant #4 NJ Ex Order 26.4b1. The CNA and PA both stated Participant #4's NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 to Participant #4 NJ Ex Order 26.4b1</p> <p>The surveyor inquired if Participant #4 received NJ Ex Order 26.4b1</p> <p>The CNA stated she</p>	M 837		

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M 837	<p>Continued From page 2</p> <p>checked both of Participant #4's [REDACTED] NJ Ex Order 26.4b1 and they [REDACTED] NJ Ex Order 26.4b1. The surveyor inquired if [REDACTED] NJ Ex Order 26.4b1 [REDACTED] was allowed at the facility. The CNA and PA both stated [REDACTED] NJ Ex Order 26.4b1 was not allowed at the facility, and when participants came to the center with [REDACTED] NJ Exec Order 26.4b1, one would be removed. The surveyor then inquired about why the CNA did not [REDACTED] NJ Ex Order 26.4b1 [REDACTED] when she observed Participant #4 with [REDACTED] NJ Ex Order 26.4b1. The CNA stated she left the [REDACTED] NJ Ex Order 26.4b1 on Participant #4 because he/she [REDACTED] NJ Ex Order 26.4b1 and stated if Participant #4 [REDACTED] NJ Ex Order 26.4b1.</p> <p>The surveyor reviewed the [REDACTED] NJ Ex Order 26.4b1, " [REDACTED] NJ Ex Order 26.4b1 indicated Participant #4 [REDACTED] NJ Ex Order 26.4b1 at 8:40 a.m. and 1:42 p.m.</p> <p>The facility failed to provide quality personal care, which put Participant #4 [REDACTED] NJ Ex Order 26.4b1 [REDACTED]</p>	M 837		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 080670	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/14/2024
NAME OF FACILITY ACTIVE DAY OF VINELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 2695 SOUTH LINCOLN AVENUE VINELAND, NJ 08361	

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 M0837	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:43F-18.3(a)(b)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	02/14/2024	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 1/8/2024		<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			